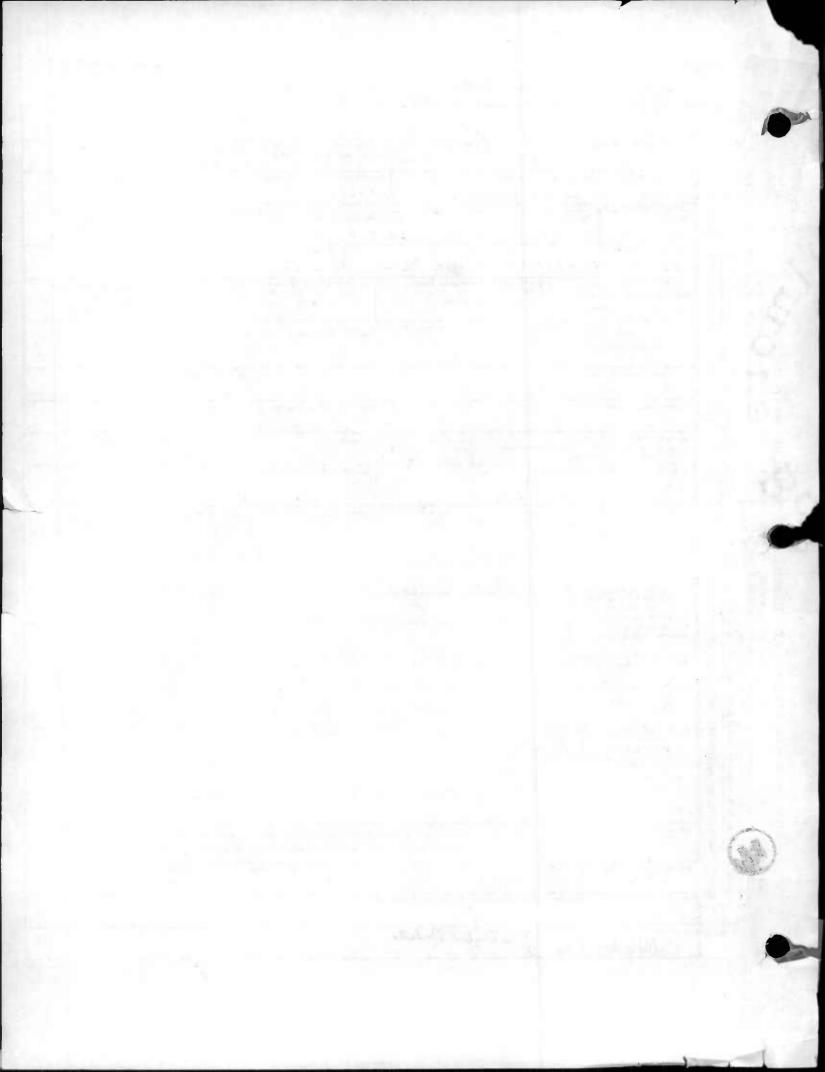
ATENDIAL PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should limit that the most been with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.

In the most be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEAL	TH AND	MENTAL	HYGIENE
CERTIFICATE OF DE	ATH		REG. NO.

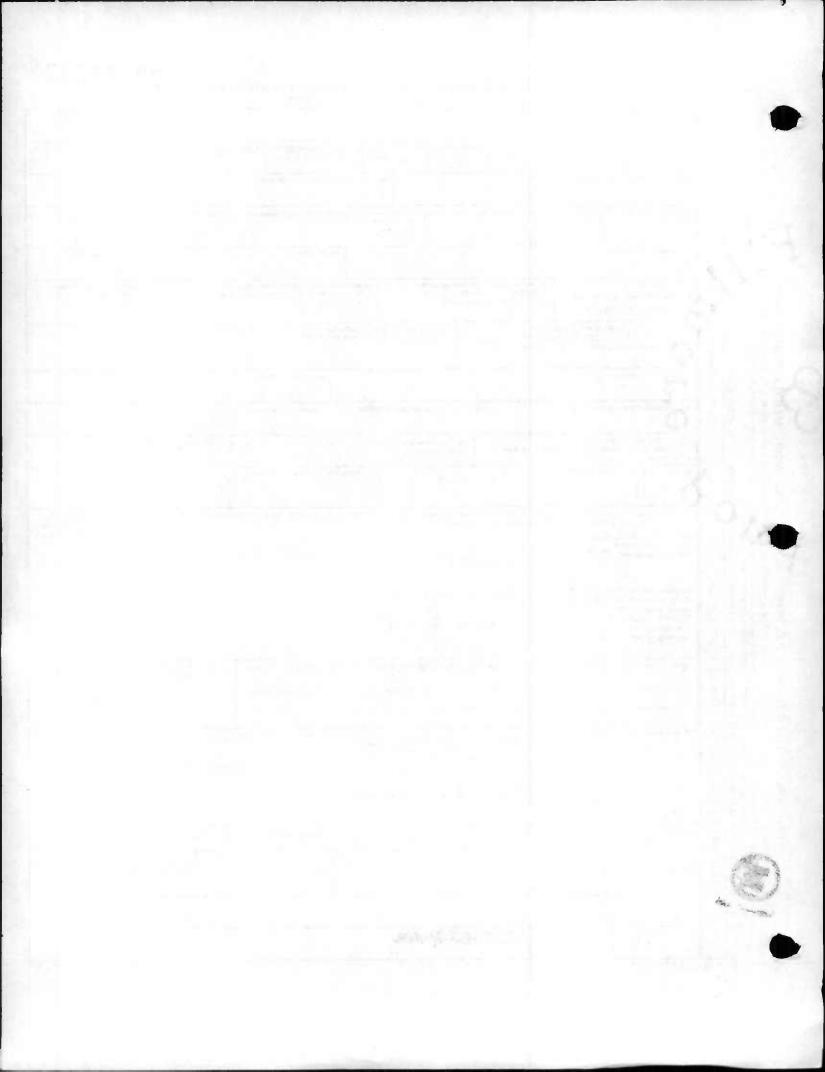
	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			HYGIENE REG. NO.	96	22301
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	F DEATH DAY	YEAR	3. TIME OF DEATN
	ANTHONY D.		THERSTONE	F JR.		NONTH 08	09	1992	9.45 P M
	4. SOCIAL SECURITY NUMBER	The state of the s	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	Day, Year)	a. BIRTH Country	IPLACE (State or Foreign y)
	TARREST AND ALL AND	1 🕅 M 2 🗌 F	8 YRS.			04,1	15,1984	MAI	RYLAND
Œ	9e. FACILITY NAME (If not inatitution, give a			BALTI	OR LOCATION OF D	EATH	9c. CC	OUNTY OF D	EATH
DIRECTOR	PRESIDENCE OF DECEDENT	YLAND MEDICAL	CARLEW	1374 (1 1)	MUICE				
REC	10a. STATE 10b. COUNT	Υ	10c. CITY,	, TOWN OR LOCAT	TION				10d. INSIDE CITY
	MARYLAND		BA	LTIMOR	25				LIMITS?
FUNERAL	10e. STREET AND NUMBER 221 N. FREMO.	NT AVE A	nt. 7102		1. ZIP CODE 21201			J. S. A	VHAT COUNTRY?
SNO	11. MARITAL STATUS	12. WAS DECEDENT EVER II				NIC ORIGIN?	(Specify Yea or No-		- American Indian.
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	ecity Cuben, Mexico 2 M NO Specific	an, Puerlo Ric	can, etc.)	Black	t, White, etc.
BY	3 Widowed 4 Divorced		ATE O		Z [3] NO Specia	ry:		Specia	BLACIL
TEO	15. DECEDENT'S EDU (Specify only highest grade	CATION a completed)	18a. DECEDENT'S L	ork done during ma	ON ast of working	16b, K	(IND OF BUSINESS/	INDUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Itte. Do NOT use	retired.)	ot or moy				
MP	2nd	4	child				hild		
	17. FATHER'S NAME (First, Middle, Last) Anthony Feathe	netone an					ddle, Meiden Surneme)	
BE	19a. INFORMANT'S NAME (Type/Print)	rstone, SR.			Patric				
5	Patricia Wrigh	t					timore		21201
	20s. METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		PLACE AND DATE OF			DATE	Randa 1		wn, State Wn, MD
-	21. SIGNATURE OF FUNERAL SERVICE LIC				ND ADDRESS OF FA	ACILITY	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
	· Vinessi	(Cold		WM C.	MARCH	F.H.	/1101 E	E. NO	RTH AVE.
CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	C):	FAILUR	?E			Interval Between Onset and Death
	PART II. Other eignificent condition	ne contributing to death to	out not resulting in	the underlying	n cause given in	Part I. 2	14a. WAS AN AUTOPS	24h	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	ACUTE LYMPHOBL						PERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	neck only one)			
SIC	CITY YES 2 NO	HOSPITAL: 1 Impatient 2 ER/Outp		OTHER: 4 - Nursing Nom	e 5 🗆 Residenca	8 Other (C	Soecify)		
À.	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT	T	RIBE NOW INJURY O	OCCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(mo.m., 54), 152./	1140		YES 2 NO				
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, sti	reet, factory, office		261. LOCATI City or	ION (Street and Numb Town, State)	per or Rural R	oute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE	ICIAN: To the best of my know	ledge, death occurred	f at the time, data	and place, and due	to the cause	r(a) and manner as a	fated.	and manner as stated.
BE	296 SIGNATURE AND FULLE OF CERTIFIER	(M)			29c. LICENSE NUI	MBER 31	29d. D.	ATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH					5 5		211	
	31. DATE FILED (Month, Day, Year) AUG 14 1992	32 RINGISTINAR'S SIGN	ATU PONDATE	400 5	EDIATRIC SUT	ENSIVE	CARE		7
	AUU 1 + 1332	0							



BALTIMORE, MARYLAND 21215-0020

	PITAL OR ATTENDING PHYSICIAN: THE law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	W. DIRECTOR: After this common has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		WI. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	AL O	4.0	22	100
	Ē	5	n 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	#

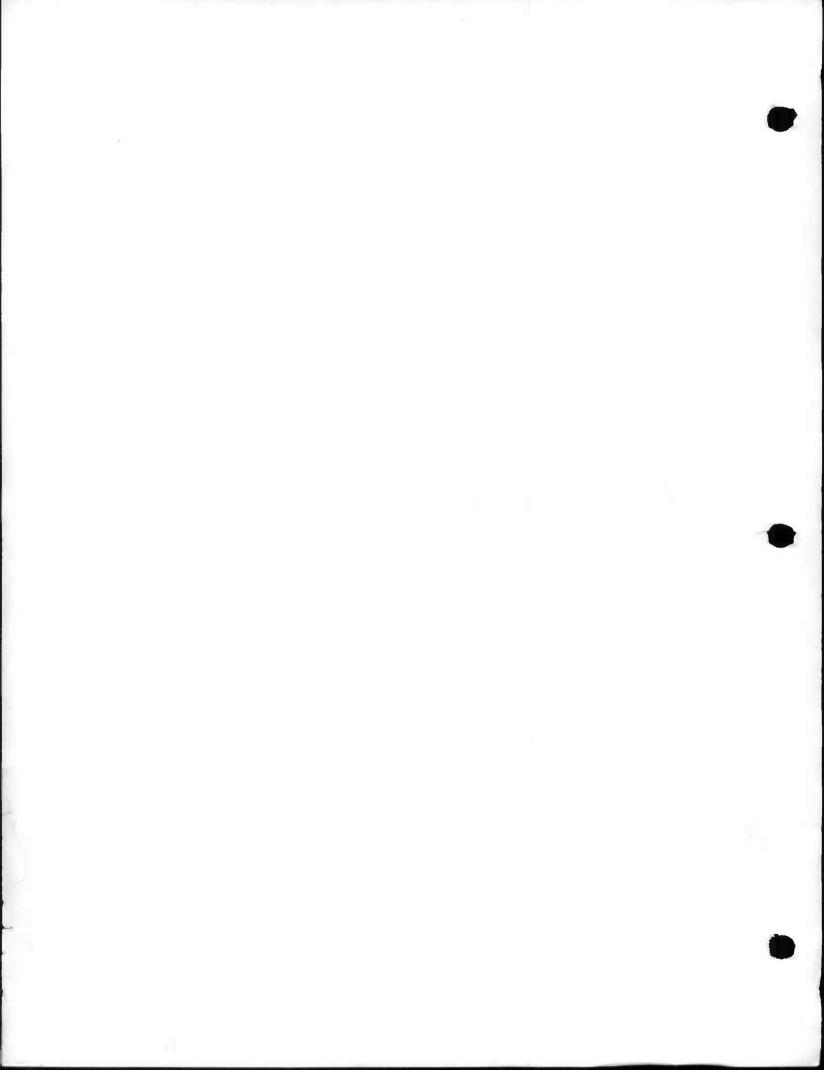
	Middle, Last)								2. DATE	REG. NO			3. TIME OF DEATH
JAMES						F	OSTE	R:	08	H D	AY 1	992	1:51
SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1		IF UNDE			OF BIRTH	, ,		HPLACE (State or Fore
20-78-055	8	1 M 2 F	26	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	h, Day, Year)		Count	try)
ia. FACILITY NAME (If not ins	etitution also et	met and number)	20		9b. CITY,	TOWN C	D 1 001T	011 05 01		24-65	L	Bal	
JOHNS HOPKI									EATH		9c. COL	JNTY OF C	DEATH
RESIDENCE OF DEC		SPITAL			BALT	LTMO	RE C	T.T.X					
On. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN OF	R LOCAT	ION						10d. INSIDE CITY
MD				Ba	ltim	nore	2						LIMITS?
De. STREET AND NUMBER						-	. ZIP COD	6			1 40- 017	FIZEN OF	WHAT COUNTRY?
1833 N. Du	ırham	St.					1213					S.A.	WHAI COUNTAIT
1. MARITAL STATUS		12. WAS DECEDEN	IT EVED IN U.S.	A PA450	T 40 11								
Never Married 2	Married	FORCES? 1	YES 2	NO	1 11	yes, spe	ecify Cubi	OF HISPAN In, Mexica	ric ORIGIN n, Puerto I	17 (Specify Yel Rican, etc.)	s or No—	14. RAC Blac	E — American Indian ik, White, etc.
☐ Widowed 4 ☐ Divor		IF YES, GIVE Y	WAR OR DATES		1	☐ YES	2 X NO	Specify	r:			B Ta	*C'k
15. OECE	EDENT'S EDUC	CATION	16a	DECEDENT'S	HEHAL OC	CLIDATIO	M	_	1 405	KIND OF BU	ela reco una		
(Specify only	highest grade	completed)		(Give kind of a	work done di	uring mo	st of world	ng	100	KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0- 11th	-12)	College (1-4 or 8	+)	Jnemp									
7. FATHER'S NAME (First, Mic	ddle Leet			, ii c iii p	TOye	· u			-				
Robert H.		2 K								Middle, Meiden	Surname)		
		1			-				Kend				
De. INFORMANT'S NAME (T)										ber, City or Tow			
Hopee Hard				1833	N. D	urr	nam	St.	/Bal				21213
0a. METHOD OF DISPOSITION ■ Burlai 2 □ Cremation		oval from State	20b. PLAC	EAND DATE	OF DISPOSIT	TION (Na	me of		DAT	E 20c. LO	CATION -	City or To	own, State
Donation 5 - Other			Kin	g Mer	nor place)	a 1	Parl	<		Ran	dal	1sto	own. MD
1. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE / /							-			1 3 0 0	
A		1 //				AME AN	O ADDRE	SS OF FA	CILITY	J.		1300	
une	my	loud			22. N	С.	MAI	SS OF FA	F.H	./110	1 E	. NC	ORTH AVE
23. PART I. Enter the dis	sessea, pr c	omplications the	it caused the use on each li	death. Do r	22. N	С.	MAI	SS OF FA	F.H	./110	1 E	. NC	
snock, or na MMEDIATE CAUSE (Fine	lart Isliure. (List only one cau	ise on each li	ne.	W M	C.	MAI da of dy	RCH	F.H	./110	1 E	. NC)RTH AVE
snock, or na	lart Isliure. (. MUL	TPUB	no.	WM not antar t	C.	MAI da of dy	RCH	F.H	./110	1 E	. NC	ORTH AVE
snock, or na MMEDIATE CAUSE (Final disease or condition	lart Isliure. (. MUL	ise on each li	no.	WM not antar t	C.	MAI da of dy	RCH	F.H	./110	1 E	. NC	ORTH AVE
MMEDIATE CAUSE (Finitional Country of the Management of the Manage	el	a. MU L	TPUB (OR AS A CONS	EQUENCE OF	WM not antar t	C.	MAI da of dy	SS OF FAI R C H Ing, suci	F.H	./110	1 E	. NC	ORTH AVE
MMEDIATE CAUSE (Fining Mediate Cause) Mediate Cause (Fining Mediate) Sequentially list condition (Fining Mediate)	ons, liste	a. MU L	TPUB	EQUENCE OF	WM not antar t	C.	MAI da of dy	SS OF FAI R C H Ing, suci	F.H	./110	1 E	. NC	ORTH AVE
MMEDIATE CAUSE (Finitiseese or condition esuiting in death)	ons, flate	DUE TO	OR AS A CONS	SEQUENCE OF	WM mot antar t	C.	MAI da of dy	SS OF FAI R C H Ing, suci	F.H	./110	1 E	. NC	ORTH AVE
MMEDIATE CAUSE (Finition of the condition of the conditio	ons, late	DUE TO	TPUB (OR AS A CONS	SEQUENCE OF	WM mot antar t	C.	MAI da of dy	SS OF FAI R C H Ing, suci	F.H	./110	1 E	. NC	ORTH AVE
MMEDIATE CAUSE (Find Mediate or condition esuiting in death) Sequentially list condition from, leading to immediates. Enter UNDERLYING CAUSE (Disease or Injur CAUSE (Disease	ons, late	DUE TO	OR AS A CONS	SEQUENCE OF	WM mot antar t	C.	MAI da of dy	SS OF FAI R C H Ing, suci	F.H	./110	1 E	. NC	ORTH AVE
MMEDIATE CAUSE (Fining Median	ons, liste	DUE TO	OR AS A CONS	SEQUENCE OF	22. N W M not antar t	C .	MAI	RCH Ing, suc	F.H.	110	1 E	- NC	ORTH AVE
MMEDIATE CAUSE (Finition of the condition of the conditio	ons, liste	DUE TO	OR AS A CONS	SEQUENCE OF	22. N W M not antar t	C .	MAI	RCH Ing, suc	F.H.	./110	1 E	- NC	Approximate Interval Bet Onset and I
MMEDIATE CAUSE (Fining Median	ons, liste	DUE TO	OR AS A CONS	SEQUENCE OF	22. N W M not antar t	C .	MAI	RCH Ing, suc	F.H.	110	1 E	- NC	Approximatinterval Bet Onset and I
MMEDIATE CAUSE (Fining Median	ons, liste	DUE TO	OR AS A CONS	SEQUENCE OF	22. N W M not antar t	C .	MAI	RCH Ing, suc	F.H.	110 Hills or respi	1 E	- NC	Approximate Interval Bet Onset and I
MMEDIATE CAUSE (Fining Median	ons, liste	DUE TO	OR AS A CONS	SEQUENCE OF	22. N W M not antar t	C .	MAI	RCH Ing, suc	F.H.	110 Hills or respi	1 E	- NC	Approximate Interval Bet Onset and I
MMEDIATE CAUSE (Finitiseese or condition esuiting in death) Sequentially list condition from the cause. Enter UNDERLY! AUSE (Disease or Injuriate initiated events esuiting in death) LAST PART II. Other eignificants.	ons, liste NG of the conditions	DUE TO OUE TO a contributing to	OR AS A CONS	SEQUENCE OF	22. N W M not antar t	C . itha mod	MAI da of dy	SS OF FAIR R C H ing, such	F.H.	24a. WAS AN PERFOR	1 E	- NC	Approximate Interval Bet Onset and I
MMEDIATE CAUSE (Fining Section of the Median	ons, liste NG of the conditions	DUE TO	(OR AS A CONS (OR AS A CONS death but not	EQUENCE OF	22. N WM not antar t	C	MAI da of dy	SS OF FAIR R C H Ing. such	Part I.	24a. WAS AN PERFOR	1 E	- NC	Approximate Interval Bet Onset and I
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MMEDIATE CAUSE (Finition and the condition assisting in death) Sequentially list condition assisting in death) Sequentially list condition are in the condition and the condition are in the condition and the condition are interested in the condition and the condition are interested in the condition and the condition are interested in the condition are interested in the condition and the condition are interested in the condition are intereste	ons, liste NG of the Conditions of MEDICAL Conditions	DUE TO DUE TO OUE TO OUE TO I	OR AS A CONS OR AS A CONS OR AS A CONS death but not ER/Outpetient INJURY 9/ Yer/	SEQUENCE OF	22. N WM not antar t NSH (): :: :: :: :: :: :: :: :: :: :: :: ::	C	MAI da of dy	SS OF FAME OF THE STATE OF THE	Part I.	24a. WAS AN PERFORM 1 X YES 2	AUTOPSY MEO?	- N C	Approximate Interval Bet Onset and I
MMEDIATE CAUSE (Fining Sequentially list condition esuiting in death) Sequentially list condition esuiting in death) Sequentially list condition esuiting in death) Sequentially list condition in the sequential sequential sequential sequential esuiting in death) LAST PART II. Other aignificant establishments S. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 P	ons, liste NG of the Conditions of MEDICAL Pending Investigation	DUE TO DUE TO OUE TO	(OR AS A CONS (OR AS	SEQUENCE OF TEMPLES OF THE SEQUENCE OF THE SEQ	22. N WM not antar t NSH (): : : : : : : : : : : : : : : : : :	C	MAI da of dy U J Ceuse 9 ACE OF 0 5 Re JRY AT RK7	SS OF FAME OF THE STATE OF THE	Part I.	24a. WAS AN PERFOR	AUTOPSY IMEO? IN NO NJURY OC SHOT	24b	Approximate interval Bet Onset and I
MMEDIATE CAUSE (Finition of the condition of the conditio	ons, liste NG of the Conditions of MEDICAL Conditions	DUE TO DUE TO DUE TO OUE TO Contributing to HOSPITAL: Impatient 20 28e. DATE (Month, D 08-09- 28e. PLACE O	(OR AS A CONS (OR AS	DOA 20b. TIM INJ 1: 21 home, farm, f	22. N WM Not antar t NS++(F): F): OTHER: 4 Nurali E OF RPWA A. Areat, factor	C	MAI da of dy U J Ceuse 9 ACE OF 0 5 Re JRY AT RK7	SS OF FAME OF THE STATE OF THE	Part I.	24a. WAS AN PERFORM (Specify) CRIBE HOW a CRIBE HOW	AUTOPSY IMEO? AUTOPSY IMEO? O NO	24b	Approximate Interval Bet Onset and I Onset
MMEDIATE CAUSE (Finitises of the Management of t	ons, liste NG of the Conditions of MEDICAL Conditions of the Condi	DUE TO DUE TO DUE TO OUE TO	(OR AS A CONS (OR AS	SEQUENCE OF SEQUEN	22. N WM Not anter t NSH (F): (F): (In the und OTHER: 4 Nursit EURY AM Intreet, factor)	C	MAI da of dy Ceuse (SS OF FAME OF THE PROPERTY OF	Part I. Par	24a. WAS AN PERFORM 1XXVES 2 T (Specify) CRIBE HOW IN Street or Town, State) BLK. N	AUTOPSY IMEO? I NO NURY OC SHO'T and Number AADIS	24b	Approximate Interval Bet Onset and I Onset
MMEDIATE CAUSE (Finitises of the Management of t	ons, little NG of the Conditions of MEDICAL of MEDICAL of the Conditions of the Cond	DUE TO DUE TO DUE TO OUE TO	(OR AS A CONS (OR AS	SEQUENCE OF SEQUEN	22. N WM Not anter t N SH (F): (F): OTHER: 4 Nursit E OFF A M A M Arrest, factor)	C itha mod 28. PL ing Homman 1	MAI da of dy Ceuse (SS OF FAME OF	Part I. Par	24a. WAS AN PERFORM 1XXVES 2 1XXVES 2 ATION (Street are Fown, State) BLK. Nee(s) and mare	AUTOPSY IMEO? I NO NURY OCE SHOT and Number AADIS	24b	Approximate interval Bet Onset and I onset
MMEDIATE CAUSE (Finitises of the Management of t	ons, little NG of the Conditions of MEDICAL of MEDICAL of the Conditions of the Cond	DUE TO DUE TO DUE TO OUE TO	(OR AS A CONS (OR AS	SEQUENCE OF SEQUEN	22. N WM Not anter t N SH (F): (F): OTHER: 4 Nursit E OFF AM AM Arrest, factor)	C itha mod 28. PL ing Homman 1	MAI da of dy Ceuse (SS OF FAME OF	Part I. Par	24a. WAS AN PERFORM 1XXVES 2 1XXVES 2 ATION (Street are Fown, State) BLK. Nee(s) and mare	AUTOPSY IMEO? I NO NURY OCE SHOT and Number AADIS	24b	Approximate Interval Bet Onset and I Onset
MMEDIATE CAUSE (Finitises of the Management of t	ons, liste NG of the Conditions of the Condition	DUE TO DUE TO DUE TO OUE TO CAN DATE OF (Month, DON, DON, DON, DON, DON, DON, DON, DON	(OR AS A CONS (OR AS	SEQUENCE OF SEQUEN	22. N WM Not anter t N SH (F): (F): OTHER: 4 Nursit E OFF AM AM Arrest, factor)	C itha mod 28. PL ing Homman 1	MAI da of dy Ceuse (ACE OF O 5 Re JRY AT RK7 ES 2 X	SS OF FAME OF	Part I. 28d. DES SUB 261. LOCA City or 2100 to the countime, data	24a. WAS AN PERFORM 1XXVES 2 1XXVES 2 ATION (Street are Fown, State) BLK. Nee(s) and mare	AUTOPSY IMEO? AUTOPSY IMEO? AND IS IN THE PROPERTY OF THE PARTY OF T	24b CCURED OF PURE SON S Red. The cause(4)	Approximate interval Bet Onset and I onset



BALTIMORE, MARYLAND 21203-3146

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	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Lest) James Flowers	-				2. DATE OF DEATH		3. TIME OF DEATH 8:45 A.M. M
2	4. SOCIAL SECURITY NUMBER 157-24-7517 A 98. FACILITY NAME (If not institution, give s	1 X M 2 F 85	YRS.		IF UNDER 24 HRS. HOURS MIN. DR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 10/15/19	0. E	HRTHPLACE (State or Foreign Country) ORTH CAROLINA
DIRECTOR	Melchor Nursing I RESIDENCE OF DECEDENT 100. STATE 10b. COUNT Md.			TOWN OR LOCA	ore City		1	10d. INSIDE CITY LIMITS?
	1309 WINDEMERE	AVE,	Dat		altimore	,Md .21218	10g. CITIZEN USA	1 X YES 2 □ NO OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Y		RACE — Americen Indien, Black, White, atc. Specify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 6th grade	JCATION e completed) College (1-4 or 5+)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during m retired.)	ost of working		usiness/indust	
BE COM	17. FATHER'S NAME (First, Middle, Last) ROBE	ERT: DEL TE	RRY		16. MOTHER'S NA unkno	ME (First, Middle, Meide DWI1	n Surname)	
0	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem	REGORY MYERS		URNWOOD	RD. BALT		RYLAND OCATION — City	21239
	4 Donetion 6 Other (Specify) 21. SIGNATURE OF UNERAL SERVICE LIE		AMILY CEM	ESTER	ND ADDRESS OF FA	S FUNERAL	HOME P.	
	23. PART I. Enter the disease, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. End H	oga Rua	Rinal	Forly		piratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	bDUE TO (OR AS	A CONSEQUENCE OF):				
8	PART II. Other significent condition Athres Decker	one contributing to death			g cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Out	26b. TIME	OTHER: Nursing Ho	LACE OF DEATH (Ch	,	V INJURY OCCUR	ED
B≺	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	(Month, Day, Year) 26e. PLACE OF INJUR building, atc. (Sp.	RY — At home, ferm, at	M 1 🗌	ORK? YES 2 NO	261. LOCATION (Stree City or Town, Sta		Rural Route Number,
COMPLETED	CONSUM ONLY	SICIAN: To the best of my knov						Buse(s) and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	well ander, y	SEATH STEAL OF CO.	Quint)	29c, LICENSE NU	173	▶ ?	GNED (Month, Day, Year)
	NETL IN FRIED		3015-	7. Harl	lace, Suit	1900 Ba	Ho Me	1 21202
	AUG 14 1902	Grana Paradam	and the sale					



DHMH-16 Rev 1/89

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Sec	40
this	W
After	s after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
JR.	ter
5	195

	1 - STATE REGISTRAR	I MARII LAM	CERTIF	ICATE (REG. NO			
10000	1. DECEDENT'S NAME (First, Middle, Last) PEAT FETQUSON						2. DATE OF DEATH	AW	YEAR 3	TIME OF DEATH
100000	4. SOCIAL SECURITY NUMBER () 5. SEX 1 □ M 2 1 □ M 2 1 □	/ 00	YRS.	IF UNDER 1 YE	_	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 8 02		8. BIRTHPL Country)	ACE (State or Foreign
TOR	90. FACILITY NAME (If not Institution, give street and number and property of the street and number and num	Hospic	e	Ba	to a	Md	ATH	9c. COU	NTY OF DEA	TH S
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR L					11	Dd. INSIDE CITY LIMITS?
ם ا	Maryland 100. STREET AND NUMBER		<u> </u>	Baltir	101 ZIP CO	OF.		100 CIT		YES 2 NO
FUNERAL	1701 Eutaw Place				212			log. cm	USA	ai coontair
BY FU	1 Never Married 2 Merried FORCES?	DENT EVER IN U.S. 1 YES 2 VE WAR OR DATES	ARMED NO	If yes	DECENDENT , specify Cut YES 2 NO	ban, Mexican	C ORIGIN? (Specify Year, Puerto Rican, etc.)	or No-	14. RACE — Black, V Specify:	American Indian, White, etc. Black
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a.	(Give kind of s	USUAL OCCUI	PATION 7 most of work	king	16b. KIND OF BU	SINESS/IND	USTRY	DIACK
COMPLETED	Grade School College (1-4)	or 5 +)	iiie. Do NOT u	nesti	2		Priv	ate	Fami	1 v
S S S	17. FATHER'S NAME (First, Middle, Last)				_	THER'S NAM	NE (First, Middle, Melden	_		-1
BE	James Scott						na Steve			
2	190. INFORMANT'S NAME (Type/Print) Paul F. Scott, Sr.		3613				oute Number, City or Tow			21215
	204 METHOD OF DISPOSITION		CEANDDATE	OF DISPOSITION		ve.	Baltim		City or Town	
	1 Burlel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)		crematory or o	e Cem	eter		8/13 Ba	ltim	ore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE HOUSE STATES TO SERVICE LICENSEE	the		250)1 Gw	ynns	Falls F MD 2121	arkv	eral vay	Homes Ind
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	E TO (OR AS A CON	SEQUENCE OF	tre	moda pr d	CV CV	central or reap	netory arr	eat,	Approximata interval Batween Onset and Death
ICAL CERTI	resulting in death) LAST PART II. Other significent conditions contributing				ying cause	given in F	Part I. 24s. WAS AN PERFOR	MED?	Al Ci	ERE AUTOPSY FINOINGS MILABLE PRIOR TO OMPLETION OF CAUSE
PHYSICIAN: MED							_		1	F DEATH?
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL	:		OTHER:	L PLACE OF	DEATH (Chec	ck only one)			
1 XS		2 ER/Outpatient	t 3 □ DOA 28b. TIM	4 Nursing	Home 5 F		Other (Specify)		NAME OF THE OWNER OWNER OF THE OWNER	
	1 Natural 5 Pending (Mor	th, Day, Year)		URY	WORK?		200. DEŞCHIBE HOW I	NJUHY OCC	UHEO	
I ED BY	3 Suicide 26e. PLA	CE OF INJURY — At	t home, farm, o	street, factory,	offica		28t. LOCATION (Street a City or Town, Stete)	and Number	or Rural Rou	te Number,
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the be lessen									nd manner ea stated.
BE C	295. SIGNATURE AND TITLE OF CERTIFIES	Or	00-		29c. LIC	CENSE NUME	BER	29d. DATE	E SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO/COMPLETED	CAUSE OF DEATH (TTEM 27) (3)2	Printi	12	006	2137	•	8-1	0-92
	31. DATE FILED (Morth, Day, Year) 32. REGH	TRAR'S SIGNATUR	E							
	AUG 14 1992	O his New	idsm-1	nde 02						DHMH-16 Rev 1/8
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 not
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P	PHYSIC
S	SNI
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certificate has been the State Dept.

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32. REGISTRAR'S SIGNATURE

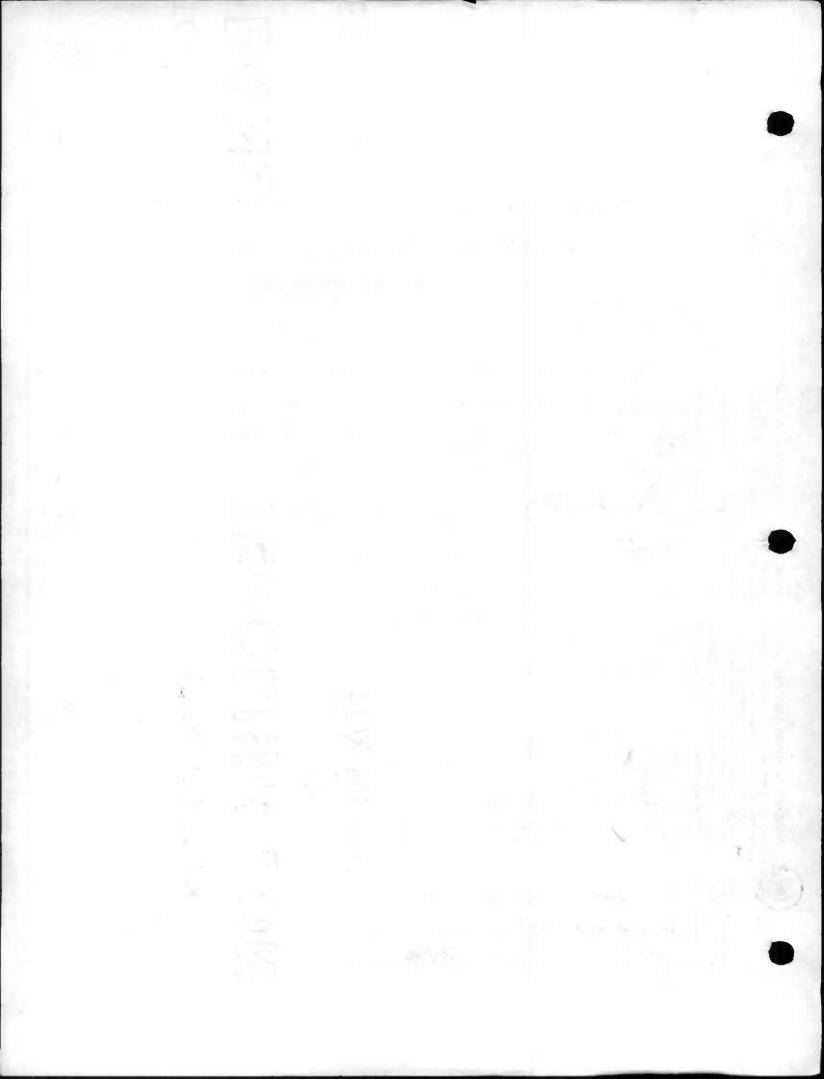
4.

Savidson-Randell

After death

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3 TIME OF DEATH YEAR 6.30 R VICTORIA 92 ELEANOR 8 GENOVESE 12 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. NEW YORK 1 M 2 F 083-14-6845 1-20-1923 9a. FACILITY NAME (If not institution, give atreet and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CHURCH HOME Baltimore DIRECTOR Hospital 10c. CITY, TOWN OR LOCATION 10h COUNTY 10d. INSIDE CITY MARYLAND BALTIMORE 1) YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? U.S.A. 305 SOUTH POPPLETON STREET 21230 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married Specify: 1 TES 2 K NO Specify: BY 3 👿 Widowed 4 🗌 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 YEARS HOME MAKER OWN HOME once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) F NAZZARENO BAGNATO MARY ALBERTA STEWART BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LENORA J. GENOVESE 305 SOUTH POPPLETON ST. BALTIMORE, MD 21230 pe 20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Re
4 Donation 5 Steel (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State must of cemetary, crematory or other place)
ARLINGTON NATIONAL CEMETERY 8-17 FT. MYERS, examiner 21. SIGNATURE OF FUNERAL SERVICE LIC 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE, MD 21061 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on asch line. Approximete Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition Metastatic Lung resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): My 00 th 4 10 18 15 M traumatic CERTIFICATION Sequentially list conditions, If sny, lesding to immediata cause. Enter UNDERLYING CAUSE (Disesse or Injury Dementia DUE TO (OR AS A CONSEQUENCE OF): other 1 that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO shows any COMPLETION DE CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? OTHER: 1 I Inpetient 2 ER/Outpetient 3 DOA ne 5 🗆 Residence 6 🗆 Other (Specify) marked, or 27. MANNER OF DEATH 26a, DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — Al home, larm, etreet, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Yourn State) 3 Suicide to THE FUNCTION, DIRECTOR: At the filed within 2 hours after de IMPORTANT: Il tem 28 is: 28 Is 6 Could not be detarmined COMPLETED 4 Homicida 29a. CERTIFIER

(Check pnlv 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 8/12/92 038993 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 22. S-Greene Street

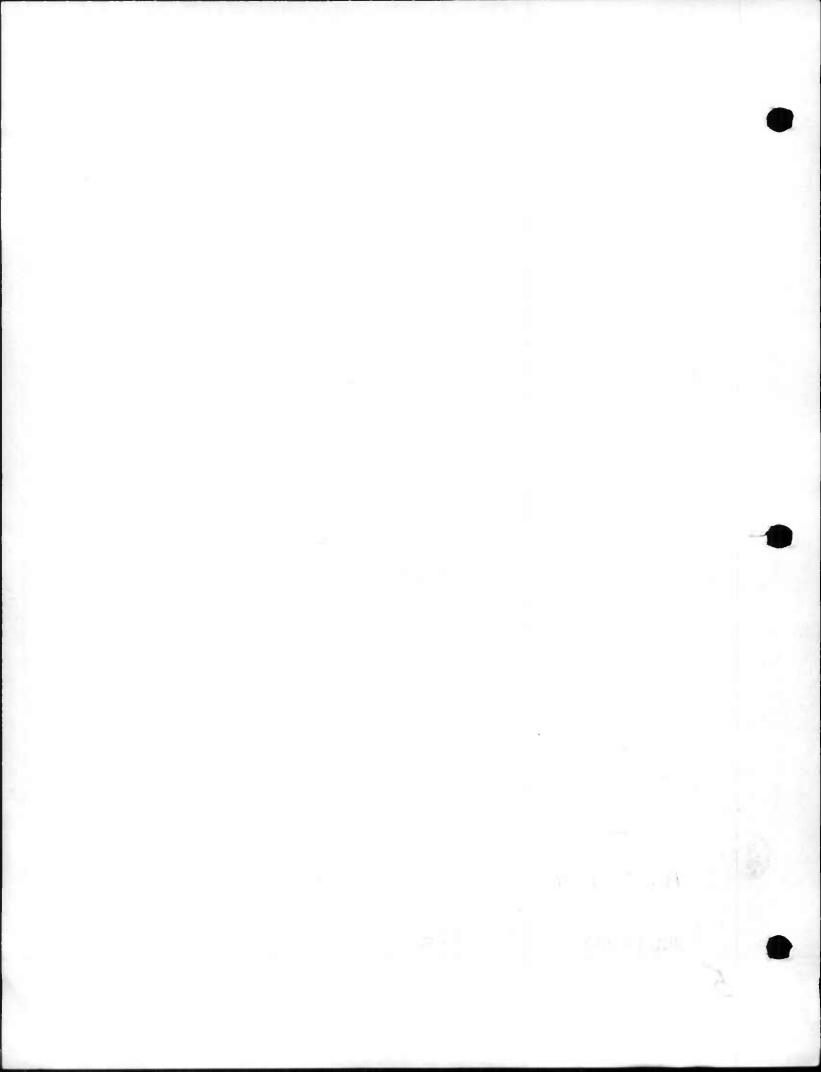


DIVISION OF VITAL REC	OR ATTENDING PHYSICIAN: The law requires	ADDIRECTOR: After this certificate has been sign	72 hours after death with the State Dept. of Healt	Milam 28 is marked, or Item 23 shows
4.4	TO TO	TO 0T	De Maria	PATRICE IN

31. DATE FILED (Morith, Day, Year)
AUG 14 1992

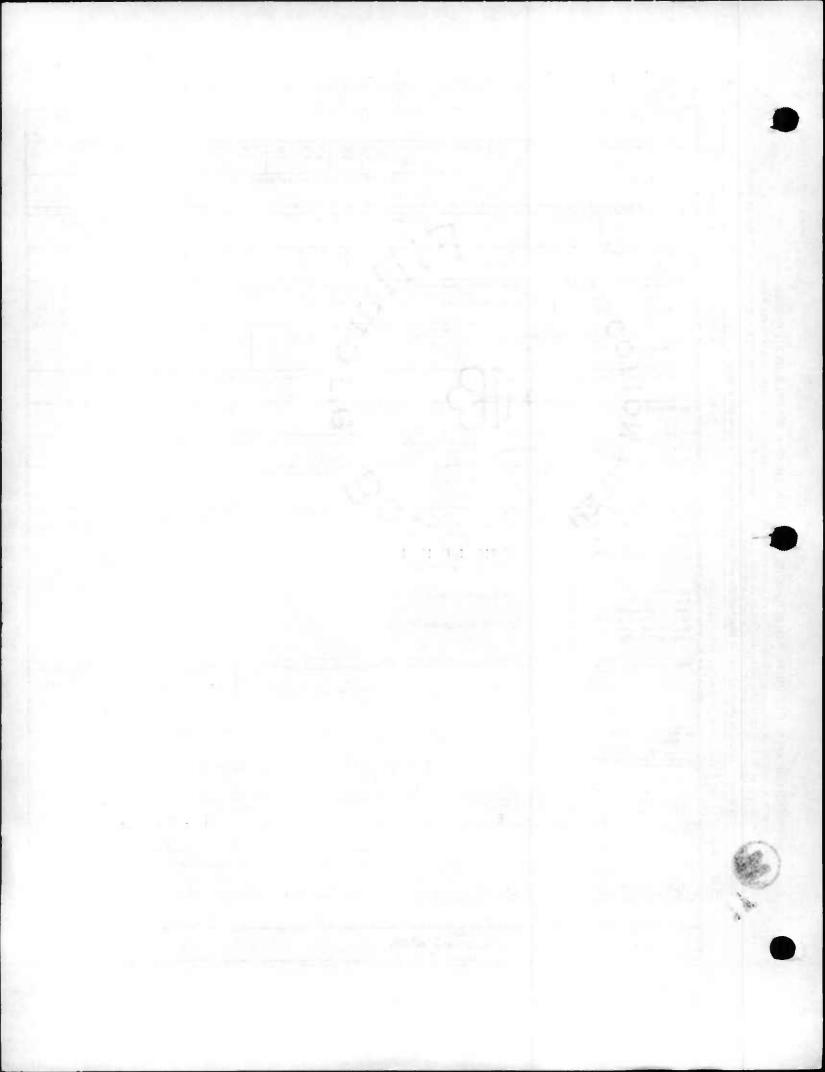
32. REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR	STATE OF MAR	RYLAND /	DEPART	IMENT OF I	HEALTH AND	MENTAL HYGIEN	1E 2 S	66	
	1. DECEDENT'S NAME (First, Middle, Last)				OATE OF	DEAITI	2. DATE OF DEATH		3	. TIME OF DEATH
	Cathe	1			Hawkins	3	August 5,	199	2 YEAR	2:00pm
			AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	1213-30-ZZ19	1 □ M 2 汉F 8	0	YRS.		200	6 16	12	Mary	land
1 ~	9a. FACILITY NAME (If not institution, give street		. •			OR LOCATION OF D		9c. COU	NTY OF DEA	тн
CTOR	Maryland Gener	ar Hospit	aı		bal	timore (City	,C		
Ш	10e. STATE 10b. COUNTY			10c, CITY	TOWN OR LOCA	TION		_	1	Od, INSIDE CITY
E	Maryland			Ra 1	timore				1	LIMITS?
AL.	10e. STREET AND NUMBER					. ZIP CODE		10g. CIT		AT COUNTRY?
l 65	1027 Cathedra	al Stree	t			2120	1		USA	
FUN	H .	12. WAS DECEDENT EV					NIC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian,
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR	ES 2X NO If yes, specify Cuban, Mexicen			en, Puerto Rican, etc.) Biaci			Black	
8	15. DECEDENT'S EDUCA	TION	16e DE	CEDENT'S I	JSUAL OCCUPATION	OM .	166, KIND OF BU	1		
Ш	(Specify only highest grade co		(G)	ive kind of wi Do NOT use	ork done during me	est of working	166, KIND OF BU	SINE 33/INL	DUSTRY	
7	Containing (0-12)	conege (I-4 or 5+)	N	lurse	5					
COMPL	17. FATHER'S NAME (First, Middle, Last)		-			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	-	
ш	Joseph Dorsey					Louis	a Brown			
8	19a. INFORMANT'S NAME (Type/Print)	19a INFORMANT'S NAME (Amaghriot)								
5	Genevive Hutto		_ 1	312	Harlen	Avenu	e Baltir	nore		21217 rvland
	20e, METHOD OF DISPOSITION 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Remove	al from State	20b. PLACE	ANDDATEO	F DISPOSITION (No				City or Town	
	4 Donation 5 Other (Specify)		Arbu	matory or oth ltus	Memori	al Par	k Arl	outu	s, Ma	aryland
3	21. SIGNATURE OF FUNERAL SERVICE LICEN	HSEE				ND ADDRESS OF FA	CILITY 6	38:1	GiIm	orus res
	Terrey ?	Harre	0		Lero	oy Harr	is; F/HIB	aļti	more	, Ma2121
	23. PART & Enter the diseases, Dr cor shock, Dr heart fallure. Lie	mplications that ca at only ona cause (used the de on each line	ath. Do no	ot enter the mo	de of dying, suc	h aa cardiac or respi	ratory an	reat,	Approximate
	iMMEDIATE CAUSE (Final disease Dr condition resulting in daeth)		nic ab			rway dis				interval Between
z	disease or condition reaulting in death)	DUE TO (OR		DUENCE OF)):					interval Betwee
TION	disease or condition	DUE TO (OR Arter:	AS A CONSEC	rotic	cardi		ease		•	interval Betwee
ICATION	disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR Arter:	AS A CONSEC LOSCLE AS A CONSEC	TO TIC	cardi		ease			interval Betwee
TIFICATION	disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR Arter:	AS A CONSEC LOSCLE	TO TIC	cardi		ease			interval Betwee
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR Arter:	AS A CONSEC LOSCLE AS A CONSEC	TO TIC	cardi		ease			interval Betwee
O	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions Esophage	DUE TO (OR Arter: DUE TO (OR DUE TO (OR Contributing to demended varice	AS A CONSECT AS A CONSECT AS A CONSECT The but not re	OUENCE OF) DUENCE OF)	cardi	ovascula	ease r disease	RMED?	A. Cr	interval Between Onset and Dast
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PHYSICIAN: MEDICAL C	disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions Esophage Al cohol: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 Mio 27. MANNER OF DEATH 1 Maintain S Pending	DUE TO (OR Arter: DUE TO (OR DUE TO (OR CONTributing to demended varice ic cirrhos	AS A CONSECT Outpatient 3	POURNEE OF	cardi. the underlying 26. Pt OTHER: 4 Nursing Hom OF 28c. INJ. RY WO	OVASCULA g cause given in ACE OF DEATH (Ch	Part i. 24a. WAS AN PERFOR	MED?	All CC OI	interval Betwee Onset and Dasi Onset and Dasi ERE AUTOPSY FINDINGS ARLABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
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BALLIMORE, MARYLAND 21215-0020	burs after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	r removal.	nedical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.O. BOA 86/60, BALLIMORE, MARYLAND 21215-0020	PATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	B DIRECTOR: After this certificate has been signed by the attending physician and completely filled	• hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	It flem 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	Items: 23 part 1 - FOR STATE REGISTRAR	STATE OF MA			MENT OF H		MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Las	0)		HENI	DRIX		2. DATE (OF DEATH		YEAR	3. TIME OF DEAT	гн
	Jeffery			Hendr	icks		08	11		92	3:34	P
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. less		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	F BIFTH Day, Year)	1	Country	PLACE (State or Fo	preign
	215-78-4790	%∰M 2 □ F	3() YRS.			8-2	6-61		1	MD	
œ	94. FACILITY NAME (If not institution, give			17	9b. CITY, TOWN C	OR LOCATION OF D	EATN		9c. COUNT	Y OF DE	EATN	
DIRECTOR	823 Mc Aleer Co	urt			Baltimo	re City						
SEC.	10a. STATE 10b. COUR			10c. CITY,	TOWN OR LOCAT	TON				T	10d. INSIDE CITY	,
ā	MD			BA	ALTIMOR	RE					LIMITS?	NO
AL	10e. STREET AND NUMBER				101	ZIP CODE			10g. CITIZE	N OF W	HAT COUNTRY?	
FUNERAL	823 Mc ALEER	COURT				21202			Π.	S.A		
Ę.	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED		ENDENT OF NISPA				4. RACE	- American Indi	en,
ВУ	Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WA	R OR DATES			200 NO Speci		csn, etc.)		Specif		
	16. DECEDENT'S EC	I I			1.0						BLACK	
TE	(Specify only highest gra-	de completed)	(G/	Ve kind of wo Do NOT use	SUAL OCCUPATION ork done during moderational 1	on st of working	18b.	KIND OF BUS	INESS/INDU	STRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)			DIGGER							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		_ Gr	AVE	DIGGER	18. MOTHER'S N	AME (First M	Iririla Mairian	Sumamal			_
	MAST HENDRIX					ANNA			Somethey			
BE (19a. INFORMANT'S NAME (Type/Print)		196	. MAILINO A	DDRESS (Street a	nd Number or Rural			1. State. Zip C	ode)		
5	ANNA HARRIS					CT./B					0.2	
	20a. METHOD OF DISPOSITION		20b. PLACE A	ND DATE OF	DISPOSITION (Na		OATE		CATION - CH			
	VCVBuriel 2 ☐ Cremation 3 ☐ Re 4 ☐ Dongtion 5 ☐ Other (Specify)	movel from State	MT 7	metory or other	er place) CEMETE	RY	1	T. AN	IDSDO	TAT IN E	MD	
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE /	-31	1011		D ADDRESS OF F	CILITY	LLAN	טטטט	MINE	J FID	
	> Wnexh	/ Dal			TATIM C	MADOII	D 11	/1101	_			
	23. PART I. Enter the diseases, or	complications that	caused the de	eth. Do no	t enter the mo	MARCH	h se cardi	/ 11U1	E.	NOR	Approxim	
	shock, or heart fallure iMMEDIATE CAUSE (Finsi disesse or condition resulting in death)	NARCOTIO	C INTOXI	CATION							Onset and	
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	G	OR AS A CONSEC									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	G	OR AS A CONSEC									
MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	OR AS A CONSEC	UENCE OF):) cause given in		24a. WAS AN PERFOR 1 A YES 2	MED?		WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CAUSE
	If any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSEC	UENCE OF):) Cause given in		PERFOR	MED?		AMILABLE PRIOR COMPLETION OF C OF DEATH?	CAUSE
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART N. Other significant conditions to the conditions of the conditions of the conditions of the cause of the ca	DUE TO (C	OR AS A CONSECUTION OF AS	DUENCE OF):	the underlying	I cause given in		PERFOR	MED?		AMILABLE PRIOR COMPLETION OF C OF DEATH?	CAUSE
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART N. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Y YES 2 NO	DUE TO (0 d	OR AS A CONSECUTION OF THE PROPERTY OF THE PRO	DOA O	26. PL DTHER:	ACE OF DEATN (C/	neck only one,	PERFOR 1 X YES 2 (Specify)	MED?		AMILABLE PRIOR COMPLETION OF C OF DEATH?	CAUSE
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART N. Other significant conditions to the conditions of the cond	DUE TO (0 d	DR AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF):	26. PL OTHER: Nursing Homm OF WOI 28c. INJURY	ACE OF DEATN (C) 5 \$\tilde{Q}\$ Residence JRY AT RK?	seck only one,	PERFOR 1 A YES 2 (Specify) RIBE HOW IN	MED?		AMILABLE PRIOR COMPLETION OF C OF DEATH?	CAUSE
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART N. Other significant conditions to the conditions of the conditions of the cause o	DUE TO (O d	PR AS A CONSECUTION OF AS	DOA 4 28b. TIME INJUING 3:25	26. PL DTHER: Nursing Hom Of 28c. INJI WOI N H	ACE OF DEATN (C/	6 Other 28d. DESC	PERFOR 1 X YES 2 (Specify) RIBE HOW IN	MED? NO	RED	MAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 □ P	CAUSE
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART N. Other significant conditions to the conditions of the conditions of the conditions of the cause of the ca	DUE TO (O d. DOS contributing to d HOSPITAL: 1 Inpatient 2 8 28e. DATE OF IN (Month, Day, 8/11/9/2 28e. PLACE OF building, et	OR AS A CONSECUTION OF AS	DOA 4 28b. TIME INJUING 3:25	26. PL OTHER: Nursing Homm OF WOI 28c. INJURY	ACE OF DEATN (C/	s Other 28d. DESC	PERFOR YES 2 (Specify) RIBE HOW IN	MED? NO	RED Street Str	AMILABLE PRIOR COMPLETION OF CO	CAUSE
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (O d. DOS contributing to de HOSPITAL: 1 Inpatient 2 E 28s. DATE OF IN (Month, Day, 8/11/9/2 28s. PLACE OF In building, et HOME	PR AS A CONSECTION OF AS A CONSE	DOA 6 28b. TIME 11 3:25 ne, farm, stn	26. PL OTHER: Nursing Homo OF WO M 1 T Y eet, factory, office	ACE OF DEATN (C) 5 TRESIDENCE PRY AT RK7 ES 2 X NO	6 Other 28d. DESC UNKNO 281. LOCA: City or	(Specify) RIBE HOW IN WN FION (Street a Town, State) Balto	MED? NO NO NO NO NO NO NO NO NO N	RED Rural Ro A Teer Md.	MAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 □ P	CAUSE
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART N. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Y YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 (Could not be determined) 29a. CERTIFIER (Check only) 1 CERTIFYING PNY	DUE TO (O d. DOS contributing to d HOSPITAL: 1 Inpatient 2 8 28. DATE OF IN (Month, Day) 28. PLACE OF building, et HOME	PR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DOA 6 26b. TIME INJUI 3:25 Ten, farm, str	26. PL THER: Nursing Homo OF 28c. INJI WO 1 T Y eet, factory, office at the time, data	ACE OF DEATN (C) 5 1 Rasidence FRY ES 2 NO and place, and due	6 Other 28d. DESC UNKNO 281. LOCA: City or	PERFOR YES 2 (Specify) RIBE HOW IN WN FION (Street a Town, State) Balto, e(a) and man	MED? NO NO NO NO NO NUMBER OF THE STATE OF THE STAT	RED Rural Ro	MAILABLE PRIOR COMPLETION OF C	TO CAUSE
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BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART N. Other significant conditions and the conditions of the con	DUE TO (O d. DOS contributing to de HOSPITAL: 1 Inpatient 2 8 28s. DATE OF IN (Month, Dey, 8/11/9/2 28s. PLACE OF building, et HOME SICIAN: To the best of m NER: On the bests of exer	PR AS A CONSECTION OF AS A CONSE	DOA 28b. TIME INJUING farm, string farm, str	26. PL OTHER: Nursing Homo OF 28c. INJI WO 1 I Y eet, factory, office at the time, data In my opinion, de	ACE OF DEATN (C/	s Other 28d. DESC UNKNO 281. LOCA: City or	PERFOR YES 2 (Specify) RIBE HOW IN WN FION (Street a Town, State) Balto. e(e) and man	IJURY OCCUI	RED Rural Ro A 1 eer Md. Cause(s)	AMILABLE PRIOR COMPLETION OF C	TO CAUSE
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART N. Other significant conditions and the conditions of the con	DUE TO (O d. DOS contributing to de HOSPITAL: 1 Inpatient 2 8 28s. DATE OF IN (Month, Dey, 8/11/9/2 28s. PLACE OF building, et HOME SICIAN: To the best of m NER: On the bests of exer	PR AS A CONSECTION OF AS A CONSE	DOA 28b. TIME INJUING farm, string farm, str	26. PL OTHER: Nursing Homo OF 28c. INJI WO 1 I Y eet, factory, office at the time, data In my opinion, de	ACE OF DEATN (C/	s Other 28d. DESC UNKNO 281. LOCA: City or	PERFOR YES 2 (Specify) RIBE HOW IN WN FION (Street a Town, State) Balto. e(e) and man	IJURY OCCUI	RED Rural Ro A 1 eer Md. Cause(s)	AMILABLE PRIOR COMPLETION OF C	TO CAUSE
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to be conditionally as a conditional condition	DUE TO (O d. DOS contributing to de HOSPITAL: 1 Inpatient 2 8 28s. DATE OF IN (Month, Dey, 8/11/9/2 28s. PLACE OF building, et HOME SICIAN: To the best of m NER: On the bests of exer	PR AS A CONSECTION OF AS A CONSE	DOA 28b. TIME INJUING farm, string farm, str	26. PL OTHER: Nursing Homo OF 28c. INJI WO 1 I Y eet, factory, office at the time, data In my opinion, de	ACE OF DEATN (C/	s Other 28d. DESC UNKNO 281. LOCA: City or	PERFOR YES 2 (Specify) RIBE HOW IN WN FION (Street a Town, State) Balto. e(e) and man	IJURY OCCUI	RED Rural Ro A 1 eer Md. Cause(s)	MAILABLE PRIOR COMPLETION OF C	TO CAUSE



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2	PHYSICIAN
2	AL DR ATTENDING PHYS
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1. DECEDENT'S NAME (First, Middle, Lest) 2 DATE OF DEATH William august 12:16 4. SOCIAL SECURITY NUMBER S. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morith, Day, Year 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 XM 2 - F 79 YRS. 251-12-8277A 3/15/1913 South Carolina permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not igs 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF Baltimore ospitalo Dinai DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-transit 4121 W. Rogers Ave 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ___YES 2 __ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Ri 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced WWII Negro COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) To Adline Rogers Sam Hope notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Adlean Hoard 4121 W. Rogers Ave, BAlto, Md. 99 20e. METHOD OF DISPOSITION
1 ☑ Burlei 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must tery, crematory or other place/GARRISON FORE CEM. 4 Donation 5 Other (Specify) Chestnutgh OVE AND ADDRESS OF FACILITY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Joseph L. Russ Funeral Home 2222 W. North Ave, BAlto, MD filled in by the foot 21216 medical 23. PART/I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 6 Interval Batween IMMEDIATE CAUSE (Final Onset and Death to burial, cremation, Prostate Cancer. the UPOSEDSIS disease or condition resulting in death) event, DUE TO OR AS A CONSCOUENCE OF: traumatic ardial arrest CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate physician cause. Enter UNDERLYING CAUSE (Disease or Injury the attending phy Mental Hygiene p or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS by AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Hicience shows any signed the 1 YES 2 NO 1 YES 2 NO PHYSICIAN: has be Dept. item 23 h the State D 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1-YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this c 1. Natural 5 Pending 1 YES 2 NO After BY 2 Accident Investigation DIRECTOR: Att hours after de: Item 28 is n 3 Sulcide 28a. PLACE OF INJURY — At home, farm, strest, factory, offica building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide determined Hem 29a. CERTIFIER

(Chack note)

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. THE HOSPITAL C TO THE FUNERAL D Be fight within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TURE AND TITLE OF CENTIFIER mo dock 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) TO BE 8-12-9732 ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Rivera, Hospital of Baltimore Sinar MD. 21. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1-12 ALIG 1 1992 in Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 ?

REG. NO.

CERTIFICATE OF DEATH

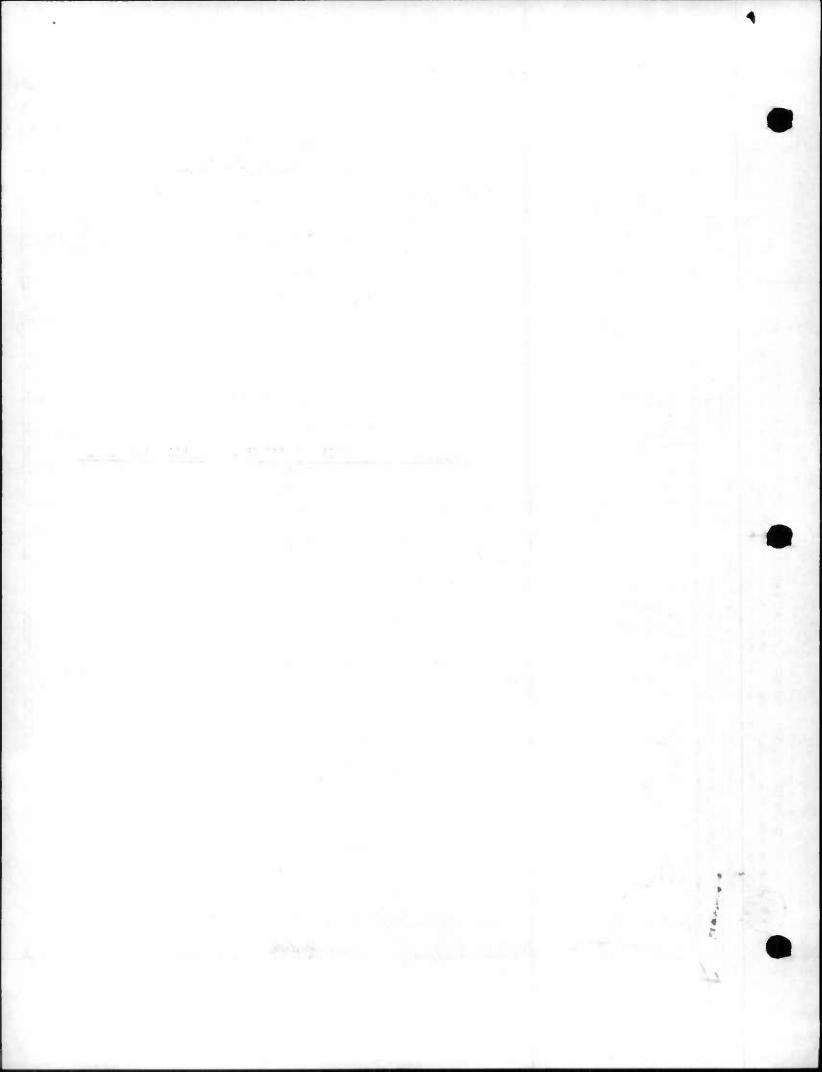
Items: 20b,c per F.H. 8/20/92 G-690 reb

FOR

1 -

STATE REGISTRAR

DHMH-16 Rev 1/89



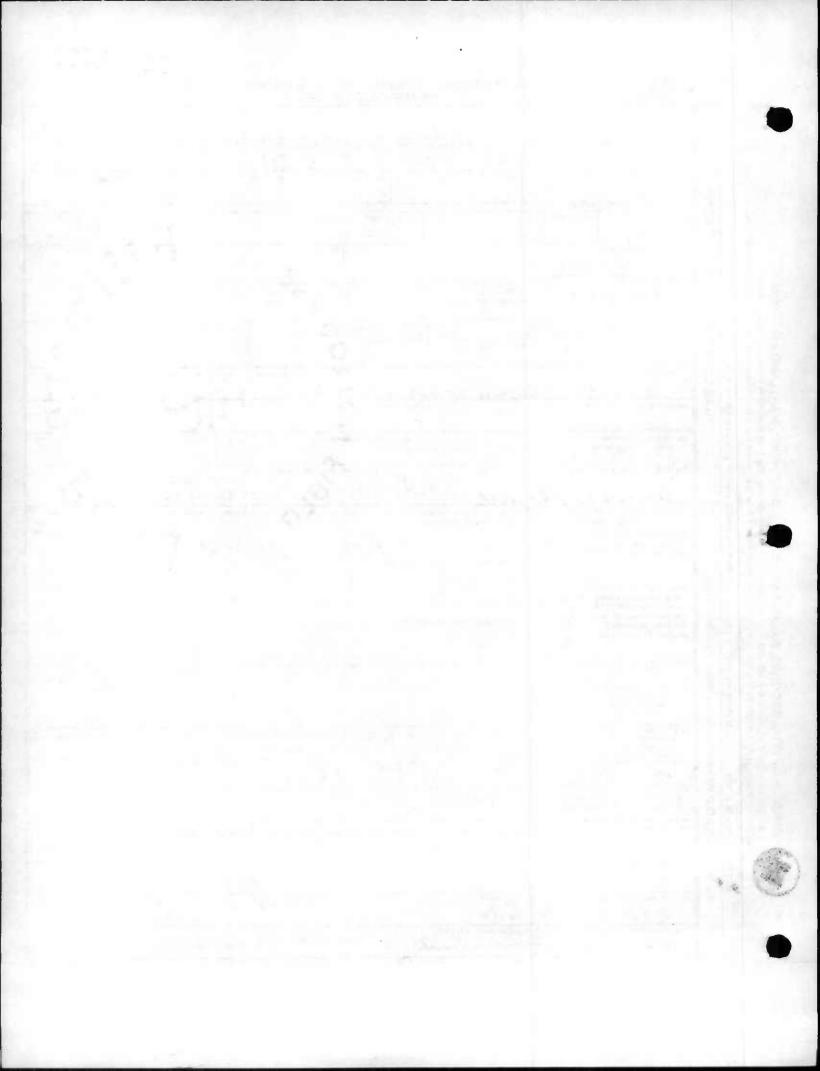
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF I		MENTAL HYGI REG.		
	Baby Girl	Had fie	eld			2. DATE OF DEATH		3. TIME OF DEATH 2 0 830 A
	4. SOCIAL SECURITY NUMBER newborn	1 🗆 M 2 🗇 🗗	(In yrs. lest birthday) YRS.	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. 5 20	7. DATE OF BIRTH (Mouth, Day, Yea 8/11/93	n	BIRTHPLACE (State or Foreign Country) 9/4/and
TOR	Ba. FACILITY NAME (If not institution, give Harbor Hospi RESIDENCE OF DECEDENT	street and number) tal Cente	8	Baltin	OR LOCATION OF DE	EATH /	9c. COUNTY	OF DEATH
DIRECTOR	Maryland 106. COUN	TY		town on Local			73	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREÉT AND NUMBER 3800 Edgewater	Place		10	1. ZIP CODE 2 12 2 2		OF WHAT COUNTRY? USA	
В	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	CENDENT OF HISPAN Beefly Cuban, Maxica 3 2 12 NO Specifi	NIC ORIGIN? (Specify in, Puerto Rican, etc. y:		RACE — American Indian, Black, White, etc. Specity:
PLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION fe completed) Coffege (1-4 or 6+)	16a. DECEDENT'S L (Give kind of w life. Do NOT use	ork done during mo		16b. KIND OF	BUSINESS/INDUST	RY .
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Rondey	Tremain,	Hadfie	2/1	18. MOTHER'S NA	ME (First, Middle, Ma Had fie	iden Sumame)	(Ambo)
101	19e. INFORMANT'S NAME (TypePrint) Lynn Had fiel 20e. METHOD OF DISPOSITION	d	196. MAILING 3800	Edge	water 1	-10-0	0 . 1	re Md
	4 Donation 8 Other (Specify) 21 SIGNATURE OF FUNERAL SERVICE L	ICENSEE Ronald W	ade, Dir 8/13/92	22. NAME A	. Darting	State	arto., MD	21201
	23. PART I. Enter the disease, or shock, or heert failure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. CARDI	0 - Pts	PIRAT	CRY AT	RREST	- 105	Interval Between Onset and De
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF		NATUR 19 we	eles	VIABL	E
MEDICAL CE	PART II. Other significant condition	one contributing to death b	out not resulting is	the underlyin	g ceuse given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)		1 YES 2 NO
BY PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Trivestigation	1 D Inpatient 2 DER/Out		OF 28c. IN.	Ne 5 Residence IURY AT DRK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HO	OW INJURY OCCURE	A .
ETED B	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe	— At home, farm, at	reet, fectory, offic	•	26f. LOCATION (Str. City or Town, S	eel and Number or Al	ural Route Number,
COMPLE		SICIAN: To the best of my know ER: On the basis of axaminatio						use(s) and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFY 30. NAME AND ADDRESS OF PERSON W	yes, u.	P.		29c, LICENSE NUM D 29	1003	29d. DATE SIG	SNED (Month, Day, Year) - 11- 92
	LAUREL G. Y. 31. DATE FILED (Month, Day, Year)	AP M. D.	300	1 S. F	HANOVE	R ST.	12-2	more, mi
	AUG 14 1992	John Daniem - R						



HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	MENTALE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	street of sours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	and it is a 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE	CORPO	4	8

	1 - FOR STATE REGISTRAR	ATE OF MARYLAND /	DEPARTMENT (MENTAL HYGIEN		22010		
	1. DECEDENT'S NAME (First, Middle, Last)	11.11	Prayer Sa		2. DATE OF DEATH	X YEAR	3. TIME OF DEATH		
	Sidney	Holl	hen		MONTH DA	3 92	0040 M		
	4. SOCIAL SECURITY NUMBER (5. SEI	X 6. AGE (In product		YEAR IF UNDER 24 HRS. MAYS HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH Count	IPLACE (State or Foreign ry)		
OR	9a. FACILITY NAME (If not institution, give street and Bolfilmere County	General Hosp	1056 tel Rondall stown, HD Relting						
DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltimo	re	10c. CITY, TOWN OR Randalls				10d. INSIDE CITY LIMITS? 1 YES 2X NO		
	100. STREET AND NUMBER 9004 Allenswood Road		***************************************	101. ZIP CODE		10g. CIT!ZEN OF			
BY FUNERAL	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN U.S. ARI DRCES? 1 VES 2 N YES, GIVE WAR OR DATES WW 2	O If y	21133 s DECENDENT OF HISPAN ea, specify Cuben, Mexica YES 2 NO Specify	n, Puerto Rican, etc.)	Blac	E — Amarican Indian, k, White, etc.		
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed in the comp	16a, DE	CEDENT'S USUAL OCC ve kind of work done due Do NOT use retired.)	UPATION ing most of working	16b. KIND OF BUS	BINESS/INDUSTRY			
COMPL	10	S	alesman		Self	employee	d		
BE CO	17. FATHER'S NAME (First, Middle, Last) George Hoffman				ME (First, Middle, Malden ie Glaser	Surname)			
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. Honey Anshel 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. Name (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. Name (Type/Print) 19c. Name (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. Name (Type/Print) 19c. Na									
	20a. METHOD OF DISPOSITION 1 \$\overline{\Pi}\$ Burlal 2 \$\supersetting \text{Cremation 3} \$\supersetting \text{Removal from the Concentration}\$ 4 \$\overline{\Pi}\$ Donation 5 \$\supersetting \text{Other (Specify)}\$	om State of cemetary,	crematory or other place	re)	DATE 20c, LO 8/14 Rei	CATION — City or To			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. N/	ME AND ADDRESS OF FA	CILITY				
	23. PART I. Enter the diseases, or compile	cations that caused the de	ath Do not enter ti	00 Reister	stown Road	Balt.	MD 21208 Approximate		
	shock, or heert fallure. List or IMMEDIATE CAUSE (Finel disease or condition	nly one cause on each line		Or	rest	natory arrest,	Interval Between Onset and Death		
Z	DUE TO (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): D								
CATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO FOR AS A CONSEC	foile	re_					
CERTIFICATION	that initiated events resulting in death) LAST	South to the second	in tes 17	ul 1	leedi	-J			
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS IN AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	BPITAL:	OTHER:	26. PLACE OF DEATH (Ch	eck only one)				
₹		npatient 2 ER/Outpatient 3 28s. DATE OF INJURY		g Home 8 - Residence 8c. INJURY AT	6 Other (Specify) 28d, DESCRIBE HOW	IN HIERY OCCUPED			
BY PP	1 Netural 5 Pending 2 Accident Investigation	(Month J Day, Year)	INJURY M	WORK?					
ETED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At ho building, etc. (Specify)	me, ferm, street, factor	y, office	28f. LOCATION (Street City or Town, State,	and Number or Rural)	Route Number,		
сомы	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 1 CERTIFYING PHYSICIAN	To the best of my knowledge, de the basis of examination and/or					(a) and manner as stated.		
曲	296. SIGNATURE AND TITLE OF CERTIFIER	~		29c. LICENSE NU	174	29d. DATE SIGNE	Month, gay, Year)		
Ø	30. NAME AND ADDRESS OF PERSON WHO COM		M 27) (Type, Print)						

ine Fairdson-Randell

31. DATE FILED/(Month, Day, Year)

32. REGISTRAR'S SIGNATURE AUG 14 1992



MISION	OR UTENDING P	DIRECTOR: After 1	athy death	Steam 68 to seem
(TO THE STATE OF	TO THE REPORT	De field w	W. TWENDORNE

AUG 14 1992

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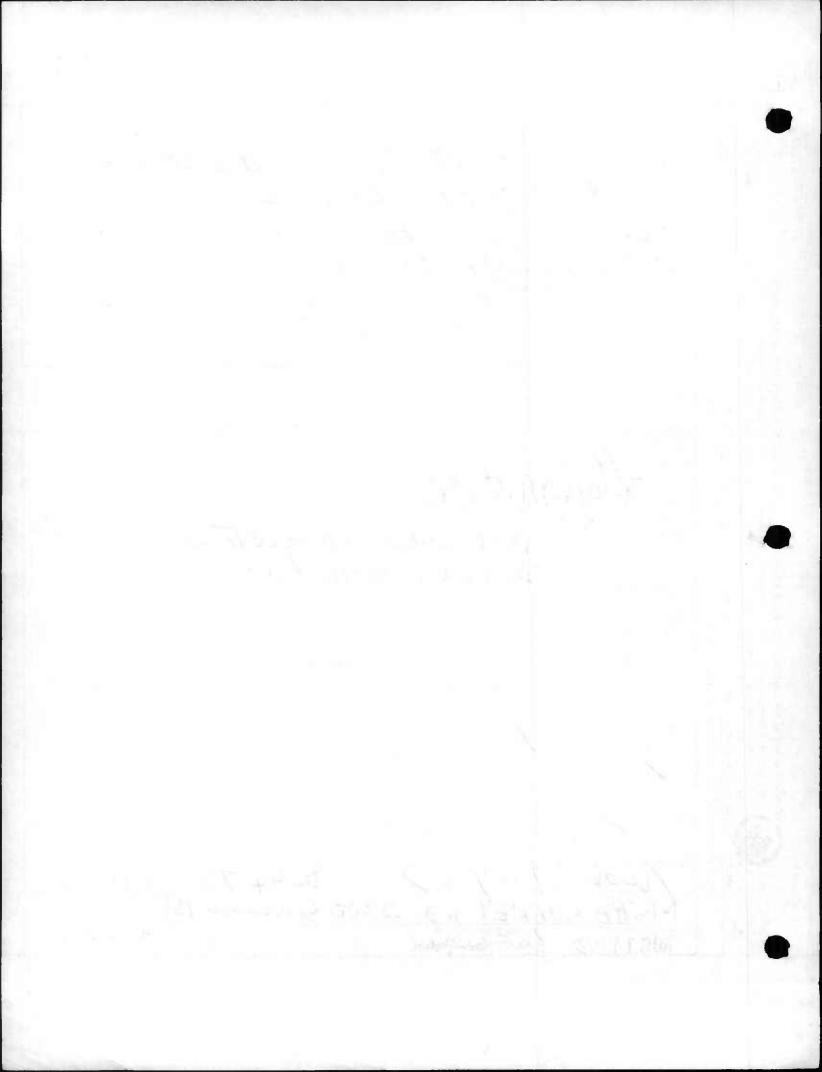
)	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Leat)	11-11	CERTIFICATI	OF HEALTH AND	REG. NO. 2. DATE OF DEATH MONTH DAY	MEAR 3. TO	IME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. 1 M 2 X F			7. DATE OF BIRTH (Month), Day, Year	8. BIRTHPLAC Country)	E (State or Foreign
CTOR	9a. FACILITY NAME (If not institution, give at	eet end number) / S + HOSP, +1	a/ 80	TOWN OR LOCATION OF E	PEATH / Sc. COL	NTY OF DEATN	
DIRE	10a. STATE 10b. COUNTY		loc. CITY, TOWN O	OR LOCATION		10d.	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10. STREET AND NUMBER 11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	57	101. ZIP CODE	3 L	ZEN OF WHAT	
Β¥	1 Never Married 2 Merried 3 Widowed 4 Divorced		NO	If yes, specify Cuben, Mexic		Black, Whi	mericen Indian, ite, etc.
PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed)	DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF BUSINESS/IN	DUSTRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) CHARLES LEE			18. MOTHER'S N	AME (First, Middle, Malden Surname) IA LEE		
19a. INFORMANT'S NAME (Type/Print) BEVERLEY BELL 20a. METHOD OF DISPOSITION 121 Burlet 2 Cremation 3 Rem 4 Donation 6 Other (Apocity) 21. SIGNATURE OF FURTILL SERVICE LICE					Route Number, City or Yown, State, Zi 1timore, Maryla		29
		val from Stata ARBU	4	AL PARK NAME AND ADDRESS OF F	DATE 20c. LOCATION — 08-17-92 BALTIN ACILITY S FUNERAL HOME	MORE, M	ARYLAND
	23. PART Enter the disease, or conduction in the second shock, or help failure. I immediate CAUSE (Final disease or condition resulting in deeth)	omplications that caused the list only one cause on each list only one cause on each list only one (or AS A CONS	deeth. Do not enter ne.	the mode of dying, su	ACE BALTIMORE, ch es cerdiec or respiretory an	MARYLA	ND 21217 Approximata Interval Between Onset and Death
FULLICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS		elle Fu	5		
MEDICAL C	PART II. Other significent conditions	contributing to death but no	t resulting in the un	nderlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	AVAIL COMI OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHE				
у РНУ	27. MANNER OF DEATH 1	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2 NO	8 U Other (Specify) 28d. DESCRIBE HOW INJURY OC	CURED	
ETED B	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, street, fact	tory, office	28t, LOCATION (Street and Number City or Town, Stete)	r or Rural Route I	Vumber,
OMPLE		HAN: To the best of my knowledge, I: On the basis of examination end/o			e to the cause(s) and menner as sta		manner as stated

OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

> 8 / 2 / 9 2



BALTIMORE, MARYLAND 21215-0020

PTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the his	INVAL UNECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact. 7.2 hours wher death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	The tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once	l
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	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND C	/ DEPAI ERTIF	RTMEN	IT OF I	HEALTH DEA	AND I	MENTA	L HYGIEN	E	23	2512
	1. DECEDENT'S NAME (First, Middle, Las		D JAMES	HILD	ITCH	1				OF DEATH). 199	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-28-7047	5. SEX XX M 2 ☐ F			IF UND	DAYS	HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 10-27-1930			6. BIRTHPLACE (State or For Couptry) MARYLAND	
OR	9a. FACILITY NAME (If not institution, give FRANCIS SCOTT K		L CENTER	TER BALTIMORE CITY								ATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			10c, CI1	Y, TOWN	OR LOCA							10d. INSIDE CITY
	MARYLAND 100. STREET AND NUMBER	BALTIMORE			BALTIMORE 101. ZIP CODE					16g. CITIZEN OF WHAT CO			LIMITS? I VES 2 NO HAT COUNTRY?
FUNERAL	1 046 OLD NORTH			DMED	12	WHO DE		1224	uc onio	N? (Specify Ye			S.A.
B	1 Never Married 2 Married 3 Widowed 4 XXVivorced	12. WAS DECEOEN FORCES? IF YES, GIVE W	X YES 2	NO	13	if yes, sp	ecity Cubi	in, Mexica	n, Puerto	N? (Specify Ye Rican, atc.)	s or No-	14. RACE - Black, Specify	- American Indian, White, atc. WHITE
COMPLETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5 d	(0	Sa. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retiring.)				. KIND DF BU	DUSINESS/INDUSTRY				
MPL	G.E.D. 17. FATHER'S NAME (First, Middle, Last)	N/A		SH	EET	META	L WO		_		L #19		
BE CC	GUY WINFIELD SC						NELL:	s NAME (First, Middle, Meiden Surname) LLIE LUTZ					
5	19a. INFORMANT'S NAME (Type/Print) SHARON L. KARAB	IN								Der, City or Tow LTIMOR			ND 21222
	20e, METHOD OF DISPOSITION 1	moval from State	20b. PLACE	ANDDATE	OF DISPO	SITION (NE	ame of		OAT	E 20c. LO	CATION — C	ity or Tow	
	DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 21222									INC.			
	23. SMT Enter the disease, or ehock, or heer failure immediate CAUSE (Final disease or condition resulting in death)	i. List only one ceu	t caused the dese on each line	e. ·			ode of dy	ing, auch					Approximata Interval Betwee Onset and Deat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. Cardiac arrest Due to (or as a consequence of): Myo cardial infarction Due to (or as a consequence of): d.												
PHYSICIAN: MEDICAL	PART II. Other eignificent condition	ons contributing to	deeth but not i	reaulting	In the u	inderlyln	g ceuse (given in i	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE	R:	ACE OF O						
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation		ny, Year)		M	10	YES 2	ОМ	26d. OE	SCRIBE HOW I	NJURY OCCU	RED	
	3 Suicide 6 Could not be determined	28e. PLACE Of building,	FINJURY — At he atc. (Specify)	ome, farm,	street, fac	ctory, offic	•		28f. LOC City	ATION (Street a or Town, State)	and Number o	r Rural Rou	rte Number,
COMPLETED		SICIAN: To the best of IER: On the basis of an											and menner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFI						29c. LICE	INSE NUM	BER		29d, DATE		fonth, Day, Year)
	30 NAME AND ADDRESS OF PERSON W	110 00 110 FFF 5112											

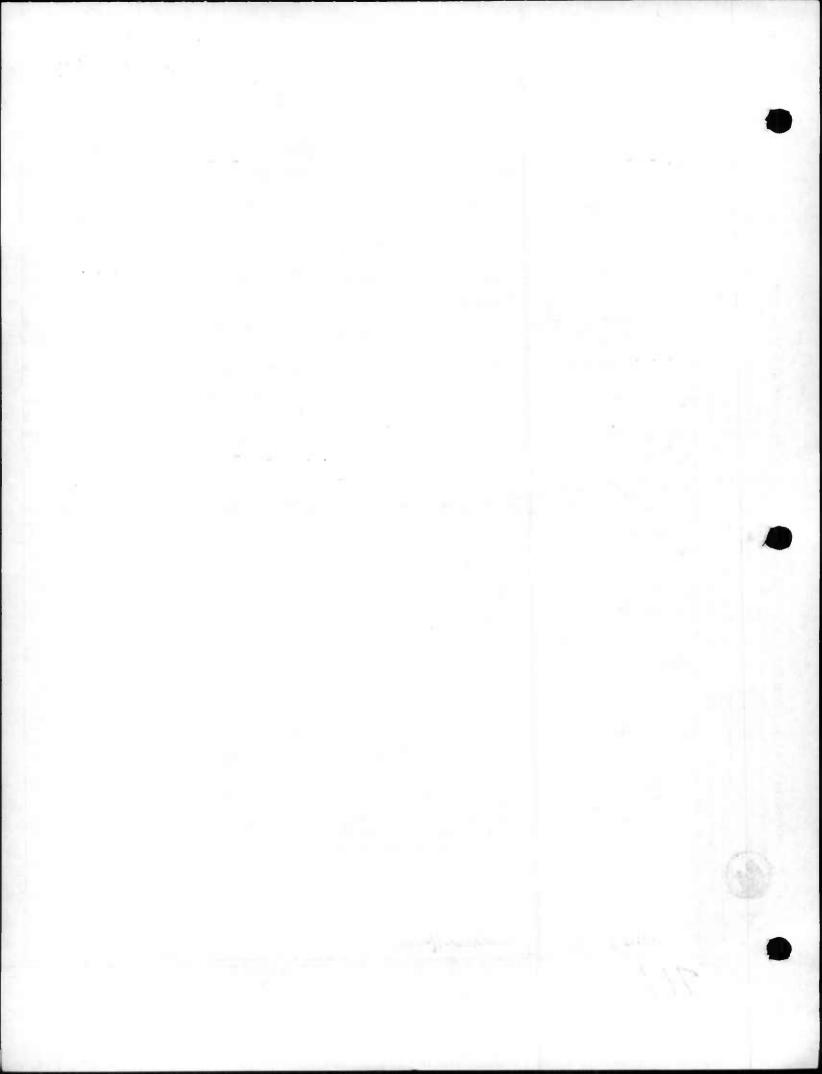
DUE TO (OR A	S A CONSEQUE	ENCE OF):		
Munco	udlad	march	in	

					1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF OEATH (C	Check only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Impatient 2 ER/Outpatient 3	OTHER: Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)					
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. OESCRIBE HDW INJURY OCCUP	RED		
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, ferm, street, f	actory, office	28f. LOCATION (Street and Number or City or Town, State)	Rural Route Number,		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) AMELA

OUYANG FRANCIS SCOTT KEY MED MO CONTER

31. DATE FILE MOSITY FOR 100 1992 32, REGISTRAN'S SIGNATURE

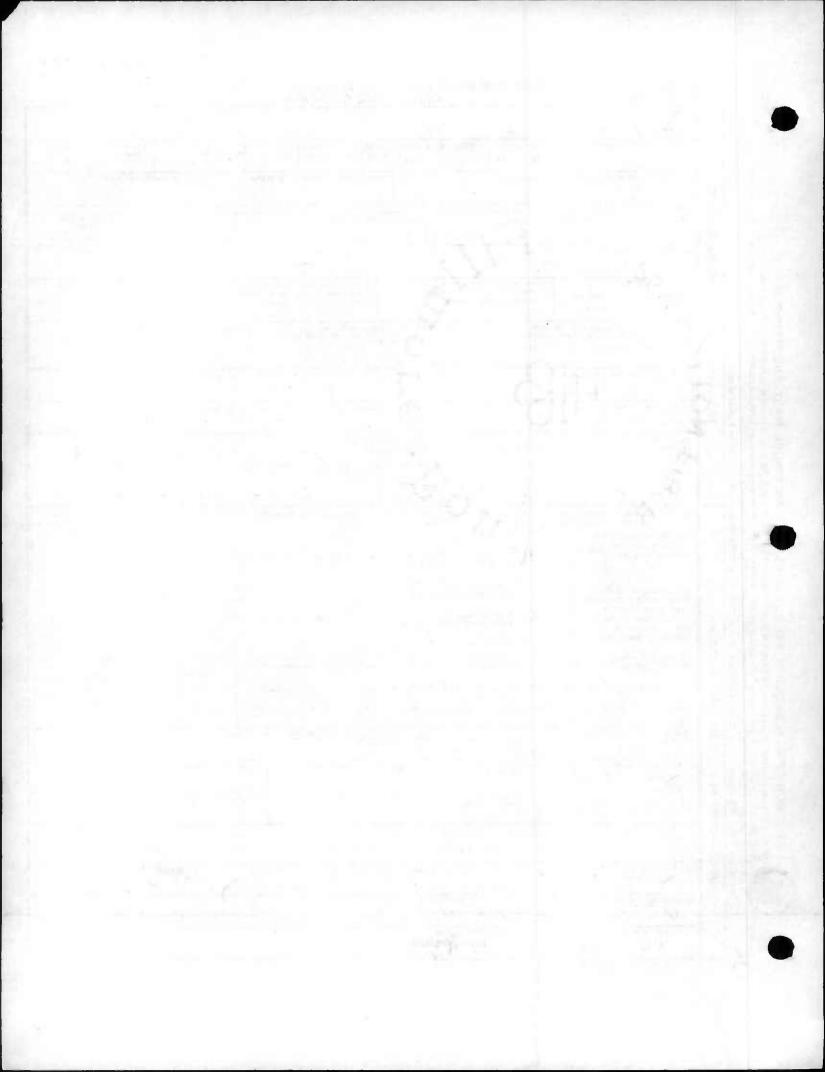


BALTIMORE, MARYLAND	HIPPING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	THE REPORT OF After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to burial, cremation, or removal.	IMPORTANT II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	ML OI	AL DA	II Ite
-	HOP	-	MAR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,		THE REPORT DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tier had writer 2 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	POR
1	思	開書	×

	1 - FOR STATE REGISTRAR	STATE OF N			RTMENT OF			MENTAL HYGIEN		2 6	22313	
	1. DECEDENT'S NAME (First, Middle, Las	0						2. DATE OF DEATH			3. TIME OF DEATH	
	Herbert	4	1	lun	ter	J	Pm.	MONTH D		YEAR 92	0620	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YEA	AR IF UNDE	R 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	216 62-3671	1 XM 2 □ F	37	YRS.	MONTHS DAY	MOURS	MIN.	(Month, Day, Year) 1-31-55			Country) KAYK MD	
	Sa. FACILITY NAME (If not institution, give	e atreet and number)			96. CITY, TOY	VN OR LOCAT	ON OF DE		9c. COU	NTY OF D		
DIRECTOR	Adventist Hos	spital							Sil	ver :	Spring	
EC	10a. STATE 10b. COUR	(TY		10c. CIT	Y. TOWN OR LO	CATION					10d. INSIDE CITY	
	MD S	Silver Spr	ing								LIMITS?	
¥	10e. STREET AND NUMBER					10f. ZIP COD	E		10g. CITI	ZEN OF V	VHAT COUNTRY?	
E I	8809 Bradford		4 1			209	01				USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.AI	BMED				HC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian,	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		no	1 🗆	YES 2 NO	Specify	n, Puerto Rican, etc.)		Speci	B. 41	
	3 Wildows 4 Divorced										" Black	
COMPLETED	15. DECEDENT'S Et (Specify only highest gra		16a. Di	ECEDENT'S	USUAL OCCUP work done during se retired.)	ATION most of world	na	16b. KIND OF BUS	SINESS/INC	DUSTRY		
E	Elementary/Secondary (0-12)	College (1-4 or 8 +	, ,						,			
MP			Li	braR	y scier	nce		Howa	rd U	nive:	rsity	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle, Meiden	Sumame)			
BE	Herbert Lee Hur	nter,Sr.		- 4			Eliz	abeth Hunt	er			
TO E	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Stre	et and Numbe	r or Rural F	Route Number, City or Town	n, State, Zip	Code)		
F	Elizabehh Hur	nter		285	2 W. Mu	lberr	y St	. BAlto, M	D 2	1217		
	20s METHOD OF DISPOSITION 1 Derivation 2 Cremetion 3 Re			ANDDATE	OF DISPOSITION	(Name of			CATION -	City or To	wn, State	
	4 Donation 6 Other (Specify)	imoval from Stata	MAL y	Tand	Nation	na1		8-17-92 L	aure	1, M	D	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE				E AND ADDRE	SS OF FA					
	· James	ea 1	nort	ton				ton & Sons St. BAlto				
	23. PART //Enter the diseases, O	r complications that	ceused the de	eth. Do i	not anter the	mode of dy	ing, auci	h as cardiac or respi	ratory an	reat,	Approximata	
	shock, or heart failure iMMEDIATE CAUSE (Final	e. List only one ceu	se on each line	D.					· ·		interval Batween Onset and Death	
	disease or condition	41	. /		1,)		6	/	1 in c)	
	resulting in death)	a. Jumas	OR AS A CONSE	OUENCE O	Di Picce	ney V	nu	s Deseus	6/1	MUS		
-		Present	1 Frie			V						
Ó	Sequentially list conditions,	DUE TO	OR AS A CONSE	OUENCE O	F):	Ra		a - L:	1			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Russ	i . h		Park	, ne	eun	Redson		10		
프	CAUSE (Disease or injury that initiated events	E DUN TO	OR AS A CONSE	ODENCE O	Pli Vice	uni	one	a duas	in	ky	1	
E	resulting in death) LAST	Lener	e And	4.								
U		d	2.7.4.4		575					-		
AL	PART ii. Other algnificant condition	ona contributing to	death but not	reauiting	in the underly	ying cause	given in	Part i. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS	
	Launglass	nacis o	y /da	ai				1 TES 2	A .		COMPLETION OF CAUSE	
MEDIC	. //		1)						9, 110		OF DEATH?	
-	*							_			1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T			28	PLACE OF D	EATH /Cha	ock anti-anal				
20	EXAMINER?	HOSPITAL:			OTHER:							
¥	27. MANNER OF DEATH	28a. DATE OF	ER/Outpetient 3	28b. TIM			sidenca	6 Other (Specify)				
	1 Netural 5 Pending	(Month, Da			URY	INJURY AT WORK?		28d. OEŞCRIBE HOW II	NURY OCC	CURED		
B	2 Accident Investigation		TAL HITTON A.A.			YES 2	NO					
8	3 Suicide 6 Could not b.	building, e	INJURY — At he re. (Specify)	me, farm, :	street, factory, o	ffice		28t. LOCATION (Street a City or Town, State)	nd Number	or Rural A	oute Number,	
Щ	100000											
릴								to the cause(a) and man				
COMPLET	one) 2 MEDICAL EXAMII	NER: On the beals of ax	aminetion and/or	investigatio	n, in my opinion	n, death occur	red at the	time, data and place, and	due to th	e cause(a)	and manner se stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIF	ER. /	_		-	29c. LICI	ENSE NUM	IBER .	29d. DATI	E SIGNED	(Month, Day, Year)	
00	Vanuel LA	= handle	0			110	793	S (MA)	D 5	1/10	197	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type	Print)		. / 2	3 (7.0)	- 0	112	1/6-	
_												

32. REGISTRAR'S SIGNATURE

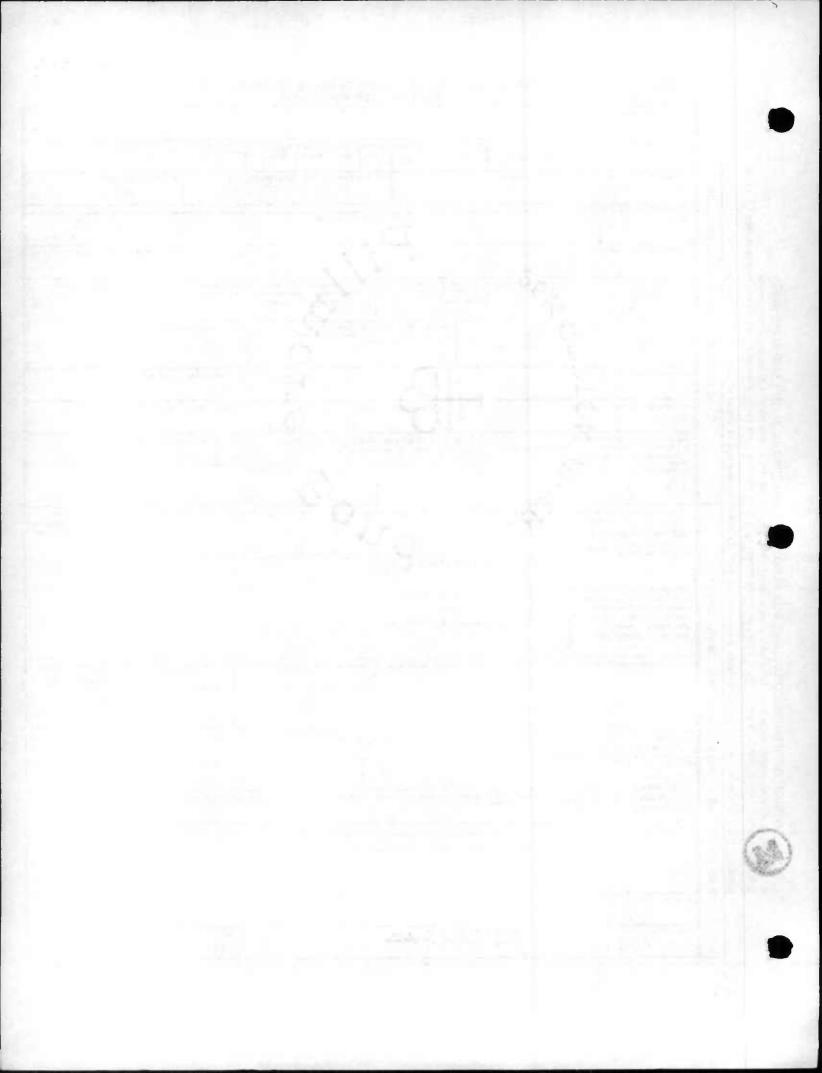
31. DATE FILEO (Month, Day, Year)
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TO THE THENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	3	be the million of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If Item 28 is marked or Item 23 shows any injury or other fraumatic event the medical eventues must be notified at once
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF H	EALTH AND		HYGIENE REG. NO.	92	220) [14
18	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DE	ATH
	BRANDON X a v	ier		JON	TES .	08	10	1992	7:48	ам
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1	In yrs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D) 6 - 1	BIRTH 97. Year) 2 - 9 2	Count	IPLACE (State or	
ä	9a. FACILITY NAME (If not institution, give str SAINT AGNES HOSP)	the second secon			MORE	EATH	9c,	COUNTY OF		
5	RESIDENCE OF DECEDENT									
DIRECTOR	10a, STATE 10b, COUNTY			y, rown on Loca r Baltimo					10d. INSIDE CI LIMITS? 1 X YES 2 [
M	10e. STREET AND NUMBER	5.1			ZIP CODE				WHAT COUNTRY	7
Ä	6028 Amberwood			2	1206			U.S.A	•	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexic 2 NO Speci	an, Puerto Rici	Specify Yea or N in, atc.)	o- 14. RAC Blac Spec Bla	E — American in k, White, etc. //y: C.K	ndlen,
ED	15. DECEDENT'S EDUC (Specify only highest grade of	CATION	16a. DECEDENT'S	USUAL OCCUPATION	ON .	16b, KI	NO OF BUSINES			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) hild	child	se retired.)	st or working		child			
Ö	17. FATHER'S NAME (First, Middle, Last)	1,0			18. MOTHER'S NA			ime)		
BE (James T. Jones	, Jr.			Lisa H					
10	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street a						
	Lisa Herbert			Amberw		/Balt	imore	, MD	21206	
	20e. METHOD OF DISPOSITION 1 M Burlat 2 Cremation 3 Ramo 4 Donation 8 Other (Specify)	val from State	PLACE AND DATE	of disposition (No ther place) a 1	Park	DATE		ON - City or To	wn, Stata	D
	21. SIGNATURE OF FUNERAL SERVICE LIGHT	Code	El Company	74.00	MARCH		/1101	E. NO	RTH A	VE.
AL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):			Ro Mos	DEV John	Onset a	nd Death
PHYSICIAN: MEDICA							PERFORMED?		AVAILABLE PRIO COMPLETION OF OF DEATH?	F CAUSE
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C)	neck only one)				
IYS	1 X YES 2 NO	1 Inpatient 2 ER/Outp		4 - Nursing Hom	5 🗆 Residence	6 Other (S	pacify)			
	27. MANNER OF DEATH 1 Nitural 5 Pending	(Month, Day, Year)	26b. TIM	URY WO	PK?	26d. DESCR	BE HOW INJUR	Y OCCURED		
BY	2 Accident Investigation				ES 2 NO					
ETED	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Speci	— At homa, farm, (street, factory, office		281. LOCATIO	ON (Street and Nu bwn, State)	imber or Rurel F	Route Number,	
COMPLETED		CIAN: To the best of my knowle I: On the basis of exemination) and menner as	stated.
BE 0	296. SIGNATURE AND TITLE OF CERTIFIER	1 1/			29c. LICENSE NU	MBER	29d.	DATE SIGNED	(Month, Day, Yea	r)
TO B	Molilites M	MAR			O.C.M.1	E.	•	08/10	/1992	7 7
F	30. NAME AND ADDRESS OF PERSON WHO	A. ICO R		Prim) PENN ST	REET BA	ALTIMO	RE, MAR	RYLAND	21201	
	31. DATE FILED (Month, Day, Year) AUG 14 1992	32. HEGIETRAN'S SIGNA GUNE DAVIDS								

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3	1. DECEOENT'S NAME (First, Middle, Last)			ICATE OI		REG. N 2. DATE OF DEATH		3. TIME OF DEATH	_
	FREDDIE		JOHNSON			AUGUST 1	0, 1992	9:16	A
	4. SOCIAL SECURITY NUMBER 220-68-3409	1 🖹 M 2 🗆 F 4 7	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS. DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-01-4		BIRTHPLACE (State or Foreign Country) Georgia	7
DIRECTOR	99. FACILITY NAME (If not institution, give start THE JOHNS HOPKINS				OR LOCATION OF DE	ATH	BALTI	OF DEATH MORE CITY	
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10c CI	Y, TOWN OR LOC	ATION			Less mans arm	
	MD			altimo:	re			10d. INSIDE CITY LIMITS? YES 2 ND	
RA	1602 Mountmor	Court		,	01. ZIP CODE 21217			OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FDRCES? 1 X YES IF YES, GIVE WAR DR	2 ND	If yes, s	CENDENT OF HISPAN Specify Cuben, Mexican S 2 NO Specify	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify:	
ED	15. DECEDENT'S EDUC	CATION	164 DECEDENT'S	USUAL OCCUPAT	ION .	10h KIND OF D	USINESS/INDUST	Black	_
COMPLETE	(Specify only highest grade Elementary/Secondary (0-12) 0-12	College (1-4 or 5+) 1-4	(Give kind of life. Do NOT u	work done during n	nost of working	THE KIND OF B	OSINESS/INDOS	int	
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Maide	n Sumame)		
BE (J. Johnso	n, Sr.		Virgi	nia Wili	liams		
10	190. INFORMANT'S NAME (Type/Print) Doris McDaniel	S			and Number or Rural R				
	20a. METHDD DF DISPOSITION 1X Burial 2 Cremation 3 Ramo 4 Donation 6 Other (Specify)	oval from State 20	b. PLACE AND DATE	OF DISPOSITION (OATE 20c. L	ocation — city Baltim	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE PLAN		22, NAME / Eu	gene R.	Price F	uneral	Home	_
	23 PART i Enter the diseases or o			108	8 W. Nor	th Ave.	, Balt	o., MD 212	20
	23. PART i. Enter the diseases, or cashock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	. Se	as the death, Do leach line.		ode of dying, such	ss cardiac or res	piretory arreat	Approximate Interval Betwee Onset and De	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate csuse. Enter UNDERLYING	DUE TO (DR AS A	A CONSEDUENCE D	F):					
ERTIFI	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	OUE TO (DR AS	A CONSEDUENCE D	F):					
MEDICAL C	PART II. Other significant conditions	contributing to death to	out not resulting	in the underlyli	ng cause given in f		N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?	
						_		1 123 2 1 40	
SICIAN	25. WAS CASE BEFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF OEATH (Che	ck only one)			_
14SI	1 VES 2 ND 27. MANNER OF CEATH	1 Inpatient 2 ER/Out			me 5 🗆 Rasidence (
ВУ РНУ	1 Astural 5 Pending 2 Accident Investigation	26a. OATE DF INJURY (Month, Day, Year)		M 1	JURY AT ORK? YES 2 ND	28d. OESCRIBE HDW	INJURY OCCUR	EO	
ETED	3 Suicida 6 Could not be 4 Homicide datarmined	26e. PLACE DF INJURY building, etc. (Spe	f — At home, farm, : cify)	street, factory, offi	ce	281. LOCATION (Street City or Town, State	and Number or F	tural Route Number,	
OMPL		EIAN: To the best of my known: On the basis of exemination						use(s) and manner as stated.	
C	29b. SIGNATURE AND JITLE DF CERTIFIER				29c. LICENSE NUM			GNED (Month, Day, Year)	_
<u></u>	D'Antie	mo					▶ S	110157	
၀	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)			,	11-11-	
4	30. NAME AND ADDRESS OF PERSON WHO	CDMPLETED CAUSE OF DE	JOH		Kins	HUSPIT	ML		

age of many or received by the modern of the	ERL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permilla Pages 1, 2, 3 should not 72 hours after death with the State Dent of Health and Mental Nucleus phase once in burial present in health and Mental Nucleus phase once in the state Dent of Health and Mental Nucleus phase once in the state Dent of Health and Mental Nucleus phase once in the state Dent of Health and Mental Nucleus phase once in the state Dent of Health and Mental Nucleus phase once in the state Dent of Health and Mental Nucleus phase once in the state Dent of Health and Mental Nucleus phase once in the state Dent of Health and Mental Nucleus phase once in the state Dent of Health and Mental Nucleus phase once in the state Dent of Health and Mental Nucleus phase once in the state Dent of Health and Mental Nucleus phase once in the state Dent of Health and Mental Nucleus phase once in the state Dent of Health and Mental Nucleus phase once in the state Dent of Health and Mental Nucleus phase once in the state Dent of Health and Mental Nucleus phase once in the state Dent of Health and Mental Nucleus phase once in the state Dent of Health and Mental Nucleus phase once in the state Dent of Health and Mental Nucleus phase of the state Dent of Health and Mental Nucleus phase of the State Dent of Health and Mental Nucleus phase of the State Dent of Health and Mental Nucleus phase of the State Dent of Health and Mental Nucleus phase of the State Dent of Health and Mental Nucleus phase of the State Dent of Health and Mental Nucleus phase of the State Dent of Health and Mental Nucleus phase of the State Dent of Health and Mental Nucleus phase of the State Dent of Health and Mental Nucleus phase of the State Dent of Health and Nucleus phase of the Nucleus	M
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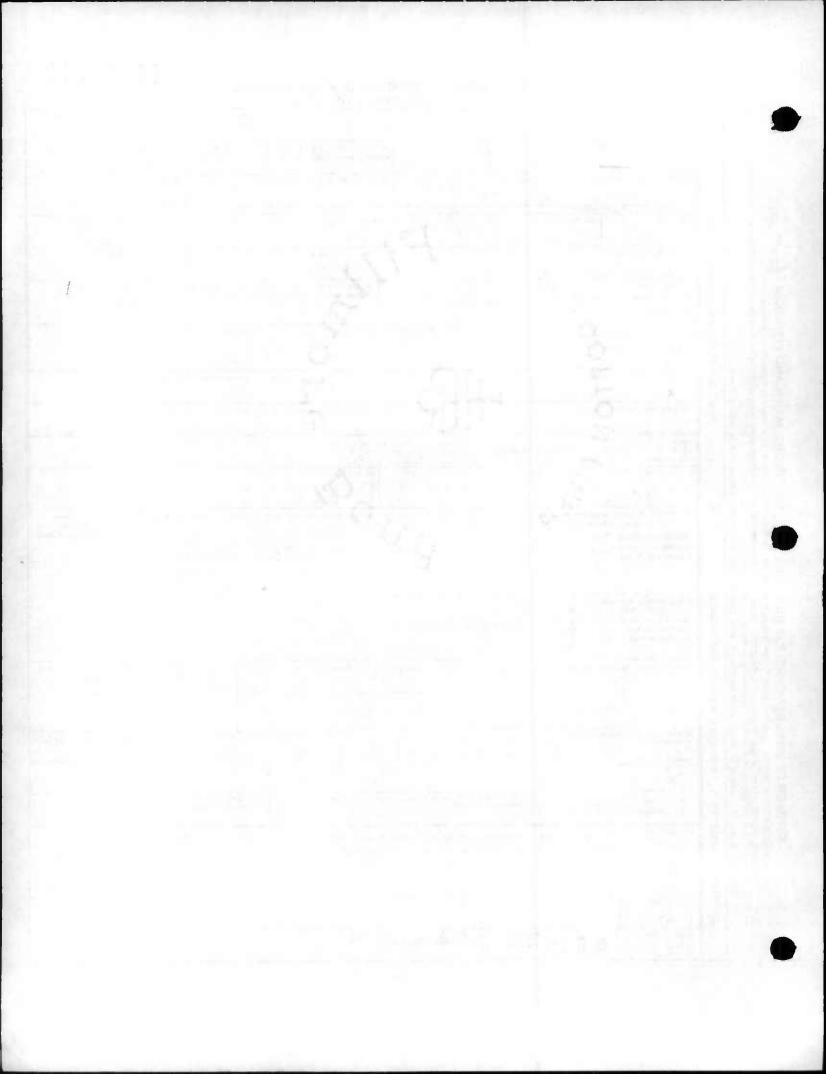
										32	22516
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH DE AT	AND I	MENTAL		lE .		
	1. DECEDENT'S NAME (First, Middle, Last)		OLITIE	OAIL OF	DLAI		2. DATE O	REG. NO).	3.	. TIME OF DEATH
	Elizabeth &	E. Jones					MONTH 9		2	1992	1030 A.
	216 46 6021	1 □ M 2 😿 F	(In yrs. leat birthday) 84 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER HOURS	24 HRS. MIN.		Day, Year)	08	e. BIRTHPL Country)	ACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give str Stella Maris Ho			96. CITY, TOWN O		ON OF DE	ATH			altimo	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY	, TOWN DR LOCAT	IDN					14	d. INSIDE CITY
E	MD	Baltimore	12.5		timo	re	Co.				LIMITS?
A	10e. STREET AND NUMBER				. ZIP CODE				10g. CITI		AT COUNTRY?
FUNERAL	_2300 Dulaney V				212	04			U	.S.A	
E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT D	F HISPAN	IC DRIGIN?	(Specify Ye	a or No—	14. RACE — Black, V	American Indian, Vhita, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR DR D	ATES		2 NO	Specify		2 3 2 2 2 7		Specify:	
COMPLETED	ts. DECEOENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON .		16b, K	IND OF BU	SINESS/IND	USTRY	White
	Elementary/Secondary (0-12)	College (1-4 or 5+)		rork done during mo e retired.)	St OF WORKIN	9					
N N	1.2 17. FATHER'S NAME (First, Middle, Last)		Hou	sewife					emak	er	
	George H.Eva	ns			ľ		She:		,		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a						Code)	
۲	James Touchston	e J0nes n		Edgeva							0.
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo		PLACE AND DATED				DATE			City or Town,	
	4 Donetion 5 Other (Specify) 21. SIGNATURE DF FUNERAL SERVICE LICE	NSFF	Darling	22. NAME AN				Ha	rfor	d Co	•
	Nain A	1					He	enry	W.J	enki	ns Sons.
	23 PART I Enter the diseases or or	races II									1212.
	23. PART I. Enter the diseases, or conshock, or heart fellure. L	ist only one ceuse on a	ach iina.	or enter the mo	da of dyli	ng, such	es cardia	c or reap	iratory arr	est,	Approximsta Intervel Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Leukem	10								Onset and Death
	resulting in deeth) P a		CONSEQUENCE OF):							
NO	Sequentially list conditions,										
RTIFICATION	if any, leeding to immediate cause. Entar UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):							
IFIC	CAUSE (Disease or injury that initiated evente	OUE TO (OR AS A	CONSEQUENCE OF	h:							
ERT	resulting in death) LAST	·									
LC	PART II. Other aignificent conditione	contributing to deeth b	ut not reaulting in	the underlying	ceuee g	iven in f	Part I. 2	Ia. WAS AN	AUTOPSY	Z4b WE	RE AUTOPSY FINDINGS
MEDICAL								PERFOR	RMED?	AM CO	AILABLE PRIOR TO IMPLETION OF CAUSE
ME							_ '	_ 100 2	7		DEATH?
SICIAN:		HOSPITAL:		OTHER:			ck only one)				
HYS	t VE\$ 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	atient 3 DOA 28b. TIME	4 - Nursing Home		Idenca 8					
	1 Natural 5 Pending	(Month, Day, Year)	INJU	IRY WO	RK?	NO	280. DESCH	IBE HOW I	NJURY OCC	URED	
ED BY	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, st				281. LOCATI	DN (Street a	and Number	or Rural Route	Number,
13	4 Homicide determined	bulleting, atta (Space					City or	lown, State)			
MPLET	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSICI	AN: To the best of my know!	edge, death occurred	at the time, data	and place,	and due t	to the cause	(a) and mar	ner es stete	ed.	
CON	one) 2 MEDICAL EXAMINER	On the basis of examination	and/or investigation	, in my opinion, de	eth occure	d at the t	ime, data an	d place, en	d due to the	cause(a) en	d manner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	1 00			29c. LICEN				29d. DATE	SIGNED (MO	onth, Day, Year)
70	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	MACA	0	ע	2708	0 /		- 81	12/9	2
	Carla S. Alexande				e-Dul	anev	val:	Lev R	dTr	wson	21204
	31. DATE FILED (Month, Day, Year) AUG 14 1992	#2. PEGISERAR'S SIGNA						-1 -1			
- 1											

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit pe, or removal,	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pabe filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	m4,17,F11mb9U,8/18,92,1	t						9:) 1	22517
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTA	REG. NO.	E	(
	1. DECEDENT'S NAME (First, Middle, Last) Robert	Robert Edw		s Jones		2. DATE MONTE	OF DEATH DA		FAR	TIME OF DEATH 2:55 P. M
	4. SOCIAL SECURITY NUMBER 8780 220-09-3780		In yrs. leat birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH 1, Day, Year)	8.	BIRTHPL Country)	ACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give at 5410 Seward Ave RESIDENCE OF DECEDENT	- ALLEN STATE			nore City	HTAS		9c. COUNTY	OF DEA	
DIRECTOR	10a. STATE 10b. COUNTY			town on Local						Dd. INSIDE CITY LIMITS? X YES 2 \(\text{NO} \)
FUNERAL	10. STREET AND NUMBER 5410 Seward Avenu	e			7. ZIP CODE 21206			U.S.	OF WHA	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DE If yes, s	CENDENT OF HISPA pecify Cuban, Mexic 3 2 NO Speci	an, Puerto F	? (Specify Yes Rican, etc.)	or No 14	RACE -	- American Indian, Vhita, etc.
COMPLETED	18. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th Grade	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Chauffel	rk done during m retired.)	ON ost of working		KIND OF BUS	INESS/INDUS	TRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Robert Edward Jones		Chaurret	TT.	16. MOTHER'S N.	AME (First, A		4.	anc	
TO B	19a. INFORMANT'S NAME (Type/Print) Frances J. Zangar	a			and Number or Rural	Route Numb	er, City or Town			and 21206
	20e METHOD OF DISPOSITION 1 🔀 Burlal 2 Cremation 3 Remo	20b.	PLACE AND DATE OF elery, cremetory or other t. Stanis	DISPOSITION /N	ame of	OATE	20c. LOC	CATION City	or Town	
	21. SIGNATURE OF FUNERAL SERVICE LIC		les	John (ND ADDRESS OF F	ACIUTY r. Th	C.			land 21206
	IMMEDIATE CAUSE (Final disease or condition	Liat only one cause on el	ich/line.	t enter the me	ode of dying, suc	ch aa card	lac or reapir	ratory arrest	,	Approximate interval Between Onset and Death
	resulting in death)	OUE TO (OR AS A	CONSEQUENCE OF:	IDHUS	CABICOTIC) CAT	DIS	SFASE	>	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	contributing to death be	ut not resulting in	the underlyin	g cause given in	Part I.	24a. WAS AN / PERFORM	MED?	AV CC	ERE AUTOPSY FINDINGS AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?
IN: M						_	. "		1	YES 2 NO
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X YES 2 NO	HOSPITAL: 1 Inputiont 2 ER/Outpo	intlent 3 DOA	OTHER:	LACE OF DEATH (C)					
BY PH	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	20b. TIME	M 1 🗆	URY AT DRK? YES 2 NO	28d. DES	CRIBE HOW IN	JURY OCCUR	ED	EMA
- 1	3 Suicide 8 Could not be 4 Homicide datermined	28s. PLACE OF INJURY building, etc. (Speci	— A1 home, ferm, str	est, factory, offic	0	28f. LOCA City o	TION (Street ar or Town, State)	nd Number or I	Rural Flout	a Number,
COMPLETED		CIAN: To the best of my knowler. On the basis of examination							euse(s) an	nd manner as stated.
TO BE C	296. SIGNATIFIER AND TITLE OF CERTIFIER	ell An	1		29c. LICENSE NUI					71992
- II	20 MARKE AND ADDRESS OF SERVICE MAKE	COMPLETED CALCE OF OF							-	

Penn Street, Baltimore,

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BALTIMORE, MARYLAND 21215-0020

THE RELIES ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The contraction of the confidence has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should to have the contraction of Haath and Merital Hygiens prior to burial, cremation, or removal.

PORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

218-18-5549 1 M 2 T 72 YRS. MONTHS DAYS HOURS MIN. March 24, 1920	
4. SOCIAL SECURITY NUMBER 218-18-5549 5. SEX 1 M 2*F 72 YRS. 6. AGE (In yrs. lest birthday) 1 WATE OF BIRTH (Morth, Day; Year) YRS. 6. AGE (In yrs. lest birthday) 72 YRS. 6. AGE (In yrs. lest birthday) 72 YRS. 73 YRS. 74 YRS. 75 YRS. 75 YRS. 76 YRS. 77 YRS. 76 YRS. 77 YRS. 78 YRS. 78 YRS. 78 YRS. 79 YRS. 70 YRS. 7	3. TIME OF DEATH
218-18-5549 1 M 2 F 72 VRS. MONTHS DAYS HOURS MIN. Warch 24, 1920	92 12:35 ETHPLACE (State or Foreign
On EACH TOWN MARKE OF THE PARK	Penna.
SECOUNTY OF	
Francis Scott Key Hospital Baltimore RESIDENCE OF DECEDENT 100. STATE 100. CITY, TOWN OR LOCATION Md. Baltimore Dundalk	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY
Md. Baltimore Dundalk	LIMITS?
	F WHAT COUNTRY?
型 3451 Yardley Drive 21222 U.S.A	Α.
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF 3451 Yardley Drive 21222 U s S a A 11 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED If yea, specify Cuben, Maxican, Puerto Rican, etc.) 14. RA 16. STREET AND NUMBER 10g. CITIZEN OF 10g. CITIZEN OF 11g. S a A 11g. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— Bit if yea, specify Cuben, Maxican, Puerto Rican, etc.)	ACE — American Indian, ack, White, etc.
HE VEC ONLY WAS ON DATES	White
(Give kind of work done during most of working life. Do NOT use retired.) [Give kind of work done during most of working life. Do NOT use retired.]	
DeliClerk Grocery	
George Heeter Mary Keith 198. INFORMANT'S NAME (Type/Print) 199. MAILING ADDRESS (Street and Number or Burst Boath Number of Burst	
O Transit of Notice of Paris Province (Carrotte Indiana, City Or Town, Steel, 21) Coop	3 04000
20s. METHOD OF DISPOSITION 20s PLACE AND DATE OF DISPOSITION (Agreed	
# Burlei 2 Cremation 3 Removel from State cametery, crematory or other place! 4 Donetton 6 Other (Specify) Baltimore National 8/13 Balto.	
21. SIGNALURE OF TUNERAL SERVICE LICENSEE	
Connelly Funeral Home of 7110 Sollers Point Road.	
23. PART I. Enter the diseases, or complications that shaked the death. Do not enter the mode of dying, such as cardiac or respiratory expect.	Approximate
shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Finel	interval Between
disease or condition resulting in death) a. Coveloral edeura	
DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, Due to (or as a consequence of):	
If any, leading to immediate cause. Enter UNDERLYING Caudia: a view	
rf any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):	
Trans, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Caudia: a vrest DUE TO (OR AS A CONSEQUENCE OF): d. Lylerporter a vyvcardial vyarcna	
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. Lyfercporter on universal inflations.	4b. WERE AUTOPSY FINDINGS
Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. Lyferporter a my or cardial infarcers d. Lyferporter a my or cardial infarcers	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSCOUENCE OF): d.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSCOUENCE OF): d.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. Jugerporter a resulting in the underlying cause given in Part i. J	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): D	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): D	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): D	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): D	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): D	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO PROVIDE NUMBER, NO
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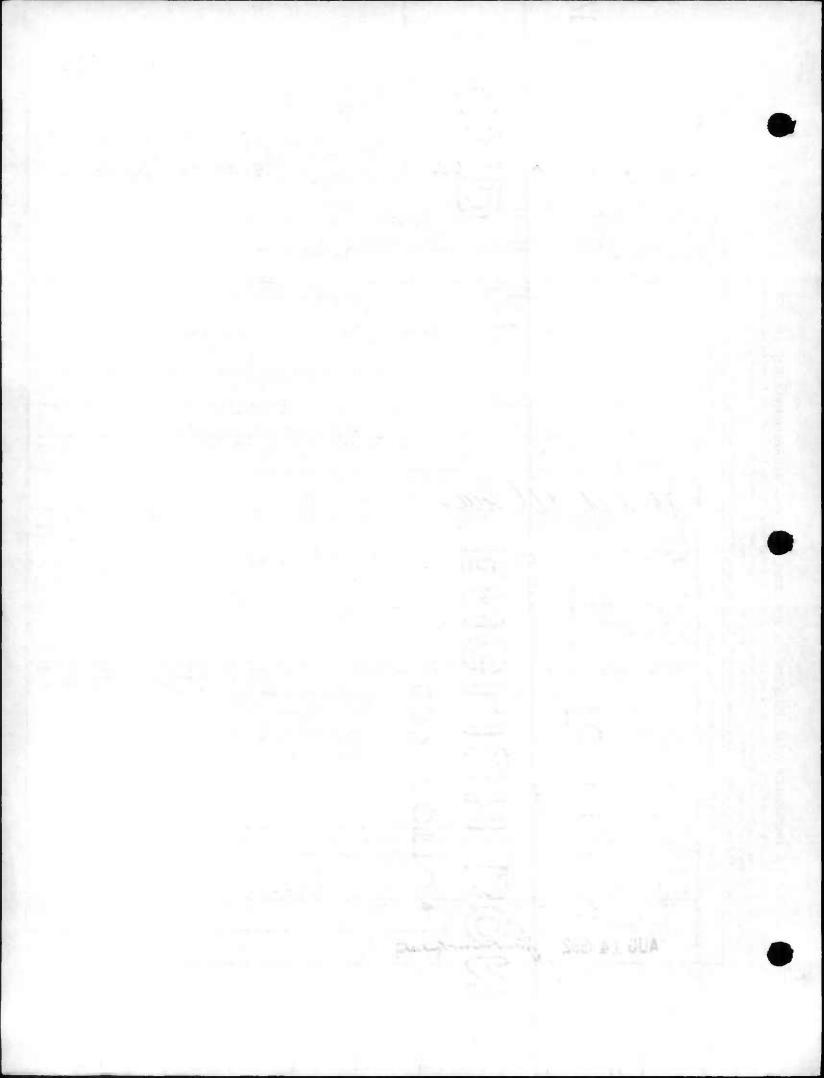
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executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, requires that the death certificate be OR ATTENDING PHYSICIAN: The law HOSPITAL

2. DATE OF DEATH 8-4-92 1. DECEDENT'S NAME (First, Middle, Last) HENRY 3. TIME OF DEATH GERARD KESSLER 50 GERARD ESSL PM EK 92 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Yea 8. BIRTHPLACE (State or Foreign A SOCIAL SECURITY NUMBER 5. SEX IF UNDER 24 HRS. ntry) DAYS 1 M 2 - F 62 -24-2825 9-5-Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Manor Care-Ruxton 7001 N Chas St Towson Baltimore County RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO Maryland Balto county Towson permit. 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL as the burial-transit 21204 524 Brook Road USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 2 NO If yes, specify Cuben, Mexican, Puerto Ri 1 Never Married 2 Married 1 TYES 2 NO Specify: NO Specify: BY 3 Widowed 4 Divorced White ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15, DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY esn (Specify only highest grade cor (Give kind of work done life. Do NOT use retired.) ğ Elementary/Secondary (0-12) College (1-4 or 5+) COMPL detached Lawyer 12+ once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Sebastian William Kessler, Sr page 5 should be notified at BE Genevieve Wehrheir 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Theresa Kessler 524 Brook Road, Towson, MD 21204 9 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE 20s. METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 Removal from State
4 Donation 5 Dither (Specify) must director, examiner 21 SIGNATURE OF RAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rohald Wade, Dir the funeral State Anatomy Board 8/5/92 655 W.Baltimore St, Balto., MD 21201 filled in by the fi medicai 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximeta shock, or heart fellure. List only one cause on each line. Interval Between **Onset and Death** MEDIATE CAUSE (Final attending physician and completely fille mal Hyglene prior to burial, cremation, the DUE TO (OR AS A CONSEQUENCE OF): diseese or condition Manon event, resulting in death) other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST 5 s been signed by the attent pt. of Health and Mental H 3 shows amy injury, or PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 YES 2 NO Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) certificate ha h the State D HOSPITAL: OTHER: 1 YES 2 7 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 284, DESCRIBE HOW INJURY OCCURED After this ce death with t marked, 1 Natural 6 Pending Investigation 1 YES 2 NO 8-4-92 BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide FUNERAL DIRECTOR: A -00 ETED. 6 Could not be determined 4 Homicide 28 Hem 29a. CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. = 2 MEDICAL EXAMINER: On the basis of exam ition and/or investigation, in my opinion, death occured at the time, data and piace, and dua to the cause(s) and menner as stated. IMPORTANT: SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 7714 8 a 10 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MALLE Sister Pierre Drive Suite 408 Towson, 31. DATE AUG 1 4 1992 REGISTRAR'S SIGNATURE The same

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



prefers within 22 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DECEDENT'S NAME (First, Middle, Last)									OF DEATH	25.		3. TIME OF DEAT
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8	Edited .		ouse 1	Wife					Home			
. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
U	nknown	•				Anı	na	Crum	mv			
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Burtal 2 Cremation 3 Ren	Complications that List only one celluli: a. Deep Ve oue to a. Celluli: bue to c. Bilater: c. Bilater: d. hospital: xx impatient 2 28a. DATE OF (Month, D) 28a. PLACE OF	in Thro (OR AS A CONS tis in (OR AS A CONS al Pleu (OR AS A CONS death but not	death. Do ne. mbois sequence o both sequence o ral E sequence o t resulting	not enter 22. not enter 22. not enter 35 in 36: 17: 18: 19: 19: 10: 10: 10: 10: 10: 10	ION Address of the moderlying the modern the	al 8 NO ADDRE ZdZij 7 Fa: de of dy t 1e	/15/: ss of FA ski ster ing, suc	Part I. eck only or 2ed. DE	24a. WAS AMPERFO	CATION — timor Ome I Essec Iratory and AUTOPSY RMED? PETANO AUTOPSY RMED? RAITOPSY RMED?	City or CC .	Maryland Maryland Approxima Interval Be Onset and 24b. WERE AUTOPSY FR AMILABLE PRIOR I COMPLETION OF CO OF DEATH? 1 YES 2 N

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Tabbsum Lodhimalik M.D. 99100 Franklin Square Drive

21237

Baltimore, Md

affivence of the sum affice af

FOR 1 - STATE REGISTRAR

titled in by the funite director, page 5 should be detached for use as the burial-transit

cremation,

Surfac.

prior to

the attending physician Mental Hygiene prior to

signed by the

has been Dept. of t

this certificate h

Affer death

DIRECTOR ĕ

SPITAL

hours

BE

2

Donald & Wright

DONALD G. WRIGHT.

DATE FILED (MONTH, Day, Year)

AUG 14 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D

32. HERISTRAT'S SIGNATURE PANDAME

ä

2

Pages 1, 2, 3 should

permit. F

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 08 David Lingerfelt 11 Neal 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) Sept. 13 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. XX M 2 D F MONTHS DAYS HOURS MIN. 218-58-6630 Sept. 1954 Baltimore. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 16 Pelczar Ave Baltimore County Essex 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION Maryland Baltimore County FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 16 Pelczar Avenue 21221 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married B 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ast of working ndary (0-12) College (1-4 or 5 +) 12 Dry Wall Hanger Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Maiden Sumame) notified at George W. Lingerfelt Mable Cloninger 36 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Barry Lingerfelt 2003 Huntfield Ct. Falston Md. 21047 9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must Faith 8/14/1992 cemetery, crematory or othe Gardens of Baltimore, Maryland examiner 21. BIGHATURE OF PUNERAL SERVICE MCENSES 22. NAME AND ADDRE Bruzdzinski Funeral Home PA
1407 Eastern Avenue Essex, Maryland 21221
ons that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, | Approximate medical 23. PART I. Enter the diseases, or complicat shock, or heart failure. List only one cause of NARCOTIC AND ALCOHOL INTOXICATION IMMEDIATE CAUSE (Final disease or condition resulting in death) NARCOTIC INTOXICATION event. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO JOB AS A CONSEQUENCE OF resulting in death) LAST ò injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY PERFORMED? amy TE VES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only OTHER: 1 X YES 2 □ HO 1 Donutient 2 ENOutpatient 3 DOA g Home (X) Residence 6 (2) Other (Specify) 4 [] N 8 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, War) 28b. TIME OF 284 DESCRIBE HOW INJURY OCCURED 36c. INJURY AT WORKT marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide . 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) COMPLETED fry Could not be 82 4 Homicide Hell 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MAR IN 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

ITEM: 23 PART I PER MEO G-693 11/19/92 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

08/12/1992

92 22521

1992

S.

Specify:

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, Whita, atc.

1 YES 2 YNO

White

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS

WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

XYES 2 1 HO

8. BIRTHPLACE (State or Foreign Country)

12:55 P.M

Md.

29c. LICENSE NUMBER

111 Penn Street, Baltimore, Maryland

O.C.M.E.

urrnit. Pages 1, 2, 3 should

10

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGIOTPIAIT				EUIL	ICHIL	UF	DEAL	In	F	REG. NO.			
-	1. DECEDENT'S NAME (First	Middle, Lest)	LAVEN							2. DATE OF MONTH	DEATN D	AY	YEAR :	TIME OF DEATH
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs lat		IF UNDER		IF UNDER	24 HRS.	7. DATE OF (Month, D	BIRTH By, Your)	/ 1	Country)	ACE (State or Foreign
	Se. FACILITY NAME (If not in			10		9b. CITY,	TOWN (OR LOCATIO	ON OF DE	ATN /	29/1	9c, COUNT	VIRGI	
TOR	RESIDENCE OF DEC	Ho	Spital				TIM		0.00	AIN	/	PC. COURT	Y OF DE	
DIRECTOR	10e. STATE MARYLAND	10b. COUNT	v .		10c. CIT BAI	Y, TOWN O	OR LOCAT	TION						od. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER							. ZIP CODE				40- CITIZE		YES 2 NO
FUNERAL		NSPRI	NG AVE.				-	2120)9			USA	N UF WIT	AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 T	NO	1 1	f yes, spe	ENDENT O ecity Cuba 2\(\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}\sqrt{\sqrt{\sq}}}}}}\sqrt{\sqrt{\sqrt{\sq}}}}}\sqrt{\sinq}\signt{\sq}\signt{\sinq}}\sqrt{\sinq}\signt{\sinq}}}\signt{\sinq}\signt{\sinq}\sinq}\	n, Mexican	IC ORIGIN? (S I, Puerto Rice	pecify Yes n, etc.)	or No 1	4. RACE - Black, 1 Specify: WHIT	- American Indian, White, etc.
品		EDENT'S EDU		16a, DE	CEDENT'S	USUAL OC	CCUPATIO	ON workin		16b. KIN	ID OF BUS	BINESS/INDU		
COMPLETED	Elementary/Secondary (0	-	College (1-4 or 5 +	SA.	LESM	N retired.)	ativing me.	ot or bronce.	ry	FUR	NITU	RE		
E CON	17. FATHER'S NAME (First, MI ISIDOR		VENSTEIN						HER'S NAM	AE (First, Midd		Surname) NKNOWI	AT 1	
TO BE	19a, INFORMANT'S NAME (7)			19/	b. MAILINO	ADDRESS	(Street a	nd Number	or Rural R	oute Number, (
۲	MRS. SYLVIA									BAL			209	
1	Puriel 2 Crematio	iON in 3 🗆 Rem	oval from Stata	20b. PLACE / cemetery, cre	AND DATE (OF DISPOSI	ITION (Na	me of		OATE	20c. LO	CATION — CH		
ı	4 Donation 5 Other		DENSEE	BETH	EL N			ID ADDRES		/92	RANI	DALLST	OWN,	MD
	· Juy	Me	ru Lei	in						BROS WN RD			MD	21215
	23. PART (. Enter the di	seases, Dr c	complications that List only one cau	t caused the de	ath. Do r	ot anter	tha mo	de of dyi	ng, such	as cardiac	or respin	ratory arres	it,	Approximate
	iMMEDIATE CAUSE (Fin disease or condition reaulting in death)	al	CARD	NORE	SPIT	RATE	PA	PI	AIL	URE				interval Between Onset and Death
7			OUE TO	COR AS A CONSECUTION AND AND AND AND AND AND AND AND AND AN	DUENCE OF	ALL	-Life	F			_			
CERTIFICATION	Sequentially list condition if any, leading to immediate. Enter UNDERLY!	diate	DUE TO	OR AS A CONSEC	DUENCE OF			· James						
FIC	CAUSE (Disease or injurthat initiated events		G	(OR AS A CONSEC		 ງ:								
ERT	resulting in death) LAST	r (,	d						<u>_</u>					
	PART II. Other signification	nt condition	s contributing to	death but not r	asulting (n the und	derlying	cause g	liven in P	Part I. 24s	. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINOINGS
MEDICAL										_ 1[PERFOR		OI OI	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 7 NO	MEDICAL	HOSPITAL:			OTHER	:			ck only one)				
H	27. MANNER OF DEATH		1) Inpetient 2 28e. DATE OF	INJURY	28b. TIMI	E OF	ing Home 28c. INJL			Other (Sp		LJURY OCCU	REO	
ВУР		Pending nveatigation	(Month, Da	ly. Year)	INJ	M	1 Y	RK? ES 2						
	3 Suicide 8 C	Could not be letermined	28e. PLACE Of building, (F INJURY — At horate, (Specify)	me, 1erm, s	treet, facto	ry, office			281. LOCATIO City or To	N (Street as wn, State)	nd Number or	Rurel Rout	e Number,
COMPLETED			CIAN: To the best of R: On the bests of ax											nd manner as stated.
H H	DR BINDE	Neof	R MD	Bein	du	Nov	7		NSE NUME					onth, Day, Year)
	30. NAME AND ADDRESS OF	MOOR	O COMPLETEO CAUS	E OF DEATH (ITEM	# 27) (Type,	ES	CLR	SIE	18	ous a	2.647)	MO,	21	204
	31. DATE FILED (Month, Day, Y	141	982 REGISTRA	RYS SIGNATURE										

	fal-transit permit. Pages 1. 2, 3 should	
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoseital or attending physician	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
CIBPITAL DR ATTENDING PHYSICIAN: The law requires	LINERAL DIRECTOR: After this certificate has been signituding 72 hours after death with the State Dept. of Healt	ANT: If Item 28 is marked, or item 23 shows

	EOD											2	22523
	1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAF CERTIF	RTMENT	OF HE	ALTH	AND I	MENTAL				
	1. DECEDENT'S NAME (First, Middle, Last)					_	LA.			REG. NO			3. TIME OF DEATH
	LORI		Lori R		どだら				MONTH 07		AY	92	11:40 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1		IF UNDER	24 HRS.	7. DATE (Day Year)			ACE (State or Foreign
	219-90-4659	1 🗆 M 2 🎵 F	2	9 YRS.					08	-19-	62	Mary	land
000	Se. FACILITY NAME (If not institution, give					TOWN OR			ATH		9c. COUI	NTY OF DEA	тн
I R	Liberty Medica	al cent	er		Ba	1ti	mor	e					
DIRECTOR	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OF	R LOCATIO	ON					1	Od. INSIDE CITY
	Maryland			Ba	ltim	ore						1	LIMITS?
FUNERAL	10e. STREET AND NUMBER						ZIP CODE						AT COUNTRY?
1 2	5303 Bellevil.	Le Aven		- Date -	T		212				US		
	1 Never Merried 2 Merried	FORCES? 1	YES 2 X	Mo	if.	yes, spec	Ify Cubar	n, Mexicer	n, Puarto R	(Specify Yelicen, etc.)	or No-	14. RACE - Black, 1	- American Indian, White, atc.
В	3 Widowed 4 Divorced	IF 125, GIVE V	MAR OR DATES		'	YES 2	X NO	Specify	r:			Specify:	Black
TEO	15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	16e, C	OECEDENT'S (Give kind of sife. Do NOT us	USUAL OCC	CUPATION	of working	a	16b.	KIND OF BU	SINESS/IND	USTRY	
F	Elementary/Secondary (0-12)	College (1-4 or 5	+)	usek			or vivian						
COMPLET	17. FATHER'S NAME (First, Middle, Last)		I HO	usek	eebi								
	Leroy Moore								ME (First, M Stro	iddle, Melden	Sumame)		
BE BE	190. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street and					or Chain 7in	Cordol	21207
유	Mary Moore			5303	Be1	lev	i11	e A	venu	e Ba	ltim	ore,	Md
	20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem	oval frogs State	20b. PLACI	EAND DATE OF THE COMPANY OF THE COMP	OF DISPOSIT	TION (Name	e of		8/957	920c. LO	CATION —	City or Town	n, Siete
	4 Donation 5 Other (Specify)	ender	Kin	ig me		AME ANO				Ran	dall	Stow	n, Ma
	· Duy	Herri	0							17	01 M	cCu1	loh St.
-	23. PART i. Enter the disease, or	Complications the	t coursed the	death Dea	Ге	roy	на	III.	S F/	H Ba	1tim	ore,	Md 2121
	BROCK, OF Heart Indicate.	List only one cau	use on each lir	ieeth. Do r	ot enter t	ne mode	of dyle	ng, auch	n as cardi	ac or respi	iratory arm	eat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition		SEP51	4									Onaet and Daath
	resulting in deeth)	OUE TO	(OR AS A CONS	EQUENCE OF	F):								-
z		D. ACQU.	IRED	IMM	141	OD,	EFI	CIE	NCY	3 Y	NAR	DMF	İ
TIO	Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONS	EOUENCE OF	F):					(AIDS)	
2	CAUSE (Disease or Injury	c	(OR AS A CONSI										
CERTIFICATION	that initiated events resulting in death) LAST	00E 10	(OR AS A CONSI	EOUENCE OF	-):								2%
S		d											
AL S	PART II. Other algnificant condition	-		-			ause gl	lven in F	Part i.	24e. WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
MEDICAL	ALCOM	OLIC A	JYEK	1)/5	EAS	E			[1 YES 2	□ NO	C	OMPLETION OF CAUSE F DEATH?
Σ.												1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 PLAC	E OF DE	ATM (OL-					
Sic	EXAMINER? 1 ☐ YES 2 🛱 NO	HOSPITAL:	ER/Oulpetient	3 [DO4	OTHER:				ck only one)				
PHYSICIAN:	27. MANNER OF QEATH	28s. DATE OF	INJURY	28b. TIM		8c. INJUR	Y AT			Specify) RIBE HOW II	NJURY OCC	URED	
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ey, Mear)	INJ	URY M	WORK		NO					
ا م ا	3 Suicide 8 Could not be	28e. PLACE O building,	F INJURY — At h	ome, farm, a	treel, factor	y, office			28f. LOCAT	ION (Street a Town, Stete)	nd Number	or Rurel Rout	Number,
COMPLETE	AA - CENTURED												
M M	(Check only 1 CENTIFYING PHYSI	CIAN: To the best of	my knowledge, d	leath occurre	d at the time	e, date an	d placa,	and dua t	to the cause	e(s) and men	ner sa stale	ıd.	
18	2 MEDICAL EXAMINE		A remination and/or	Investigation	n, in my opi	nion, deat	h occure	d at the s	ime, deta a	nd place, an	d due to the	Ceuse(a) ar	nd manner ee stated.
0 1	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year)												
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	STAL	Volas	11/1	٥.	2		B B E				SIGNED (M	

PATEL 2600 Julia Daydoon-Hondale

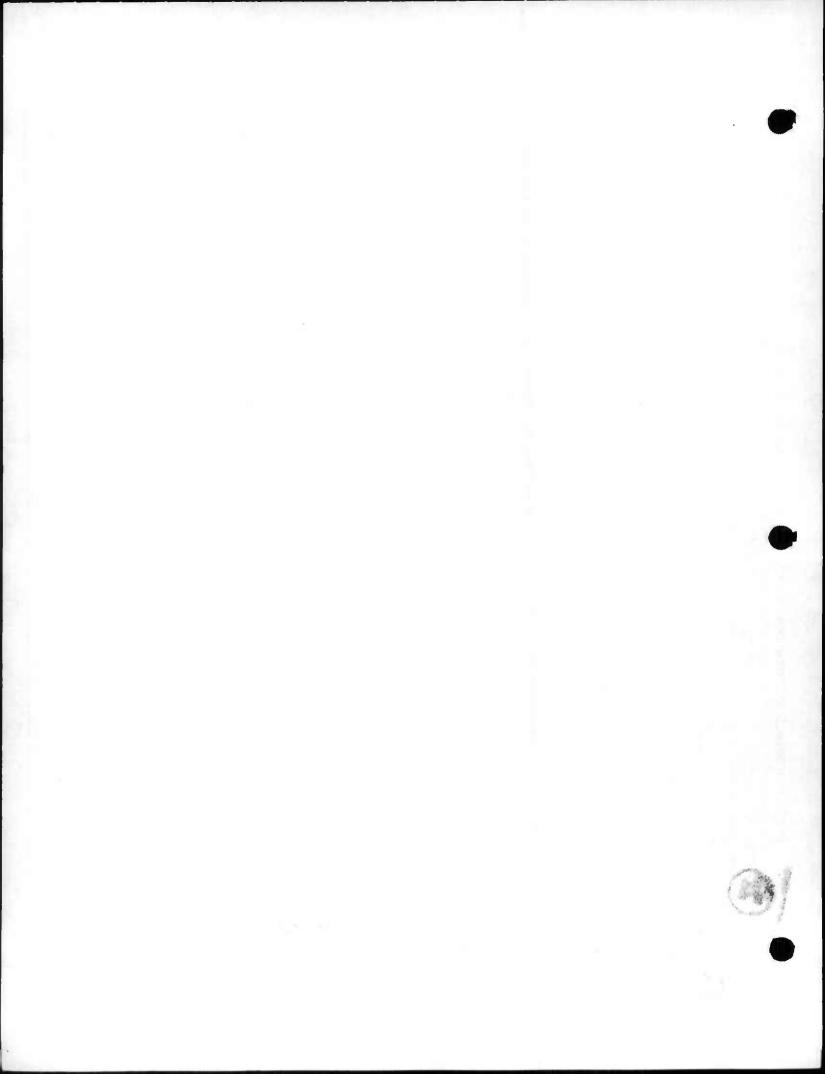
SUDKIR.

31. DATE FILED (Month, Day, Year)

AUG 14 1992

dibute Rodd. Breto. MD.

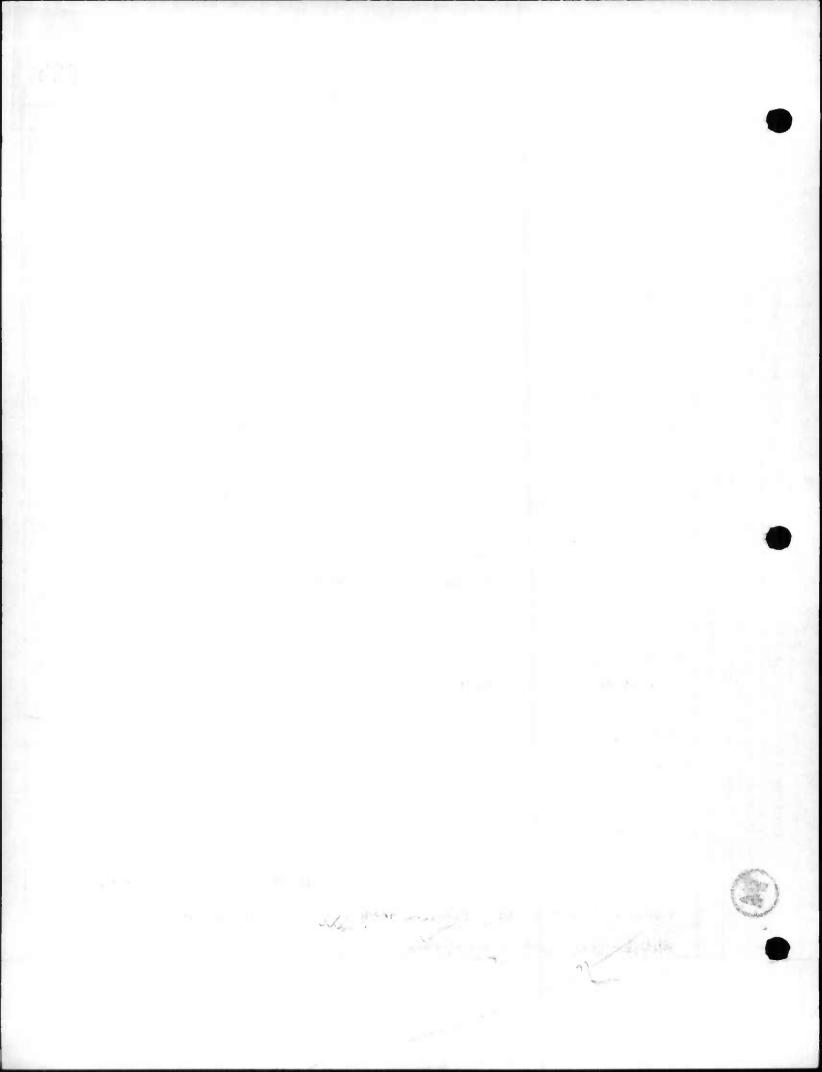
21215



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITA	HOSPITAL OR ATTENDING PHYSICIAN: The	FUNERAL DIRECTOR: After this certificate h	thin 72 hours after death with the State I	OFTANT: If Item 28 is marked, or Item
(HE FILE HO	J. S. S. S.	東京の語が	THOUSE

	1 - STATE REGISTRAR	ALE UF IMAL		FICATE OF		MENIAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF GEATH		3. TIME OF DEATH
	Phyllis Me	C(ToH	blin				9 1991	EAR D M
	4. SOCIAL SECURITY NUMBER 5. SI	EX 6.	AGE (In yrs. lest birthdey		IF UNDER 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLACE (State or Foreign
	234-90-9225	M 2 F	54 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2/18/3		Country)
	9a. FACILITY NAME (If not institution, give street an	nd number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	
8	Francis Scott Key	v Med.	Center	Bal	timore			
<u> </u>	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			TY, TOWN OR LOCA				
DIRECTOR								10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER		I Bi	altimor	e City		In OUTITED	1 YES 2 □ NO OF WHAT COUNTRY?
RA	3303 Noble St.			"				
FUNERAL	11. MARITAL STATUS 12, V	MAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DE	21224	NIC ORIGIN? (Specify Yes	or No.— 14	RACE American Indian.
		F YES, GIVE WAR		It yes, s	pecify Cuban, Mexic S 2 NO Speci	an, Puerto Rican, etc.)		Black, White, etc.
ВУ	3 Widowed 4 Divorced		2 1220		XX	·		White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	eted)	16a. DECEDENT (Give kind o	'S USUAL OCCUPAT f work done during m use retired.)	ION ost of working	16b. KIND OF BU	SINESS/INDUST	TRY
Ë		lege (1-4 or 5+)				1		
M	Seven vears 17. FATHER'S NAME (First, Middle, Last)		House	ewife				
	Ballard Roberts					AME (First, Middle, Maiden	Surname)	
8	19a. INFORMANT'S NAME (Type/Print)		105 MAII II	O ADDRESS (S		ie Duty Aoute Number, City or Tow	A	
임	Richard McGlothli	in						30)
	20s. METHOD OF DISPOSITION	-11	20b. PLACE AND DAT			DATE 20c. LO		or Yown, State
	1 Burial 2 Cremation 3 Removal fr	rom State	cemetery, cremetory of	other place)		100		
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	E	Datifet		ND ADDRESS OF F	OH ITH		lto Co
	M -10 ' 9	2 11		E U	1001 =			eiler, Inc.
	23. PART I. Enter the diseases, or compl	1. Deel	er					lto.21231
	ahock, or heart fellure. List o	nly one ceuse	on each line.	not entar tha m	ode of dying, au	on as cardiec or resp	ratory arrest	interval Between
	iMMEDIATE CAUSE (Final disease or condition	4	4					Onset and Death
	resulting in death) a	DUE TO (OR	AS A CONSEQUENCE	.65 T				
z		cala	NARY AR	TERY D	ISCHEF			į
은	Sequentially list conditions, If any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	OF):	JOHNSE			
8	CAUSE (Disease or Injury							
Ë	that initiated events resulting in deeth) LAST	DUE TO (OR	AS A CONSEQUENCE	OF):				
CERTIFICATION	d							
	PART II. Other algnificant conditions con	tributing to des	th but not resulting	in the undariyi	g cause given in			24b. WERE AUTOPSY FINDINGS
MEDICAL	ISCHEMIC CARDI	OMYOPA	THY			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä	((3 110	OF DEATH?
ż								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C	heck only one)		
Sic		SPITAL: Inpatient 2 SPER	/Outpatient 3 🗆 DOA	OTHER: 4 Nursing Ho	ne 5 🗆 Rasidenca	6 Other (Specify)		
H		28a. DATE OF INJI (Month, Day, Y			JURY AT	26d. DESCRIBE HOW I	NJURY OCCUR	ED
B	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, stc.	JURY — At home, term (Specify)	, street, factory, offi	Ee .	281. LOCATION (Street of City or Town, State)	and Number or F	tural Route Number,
COMPLETED							···	
P	29e. CERTIFIER (Check only one)							
ő	2 MEDICAL EXAMINER: On	the basis of axami	nation and/or investiga	ilon, in my opinion,	death occured at the	time, date end place, an	d due to the ca	use(s) and manner as stated,
BE (29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			GNED (Month, Day, Year)
0	Tornela Ory	any			D 2308	35	▶ 8/1	1/92
-	30. NAME AND ADDRESS OF PERSON WHO COM							
	PAMELA OUYANG			SCOTT KG	4 MEDI	CAL CENT	c-R	
	AUG 14 1992	32. REGISTRAR'S	SIGNATURE					
1 1	THE SEC ERPHE	in mulas	- Northern					



TO BE COMPLETED BY FUNERAL DIRECTOR

Secretary in Number (Price Labors) Labors Secretary Secretar	1 · STATE REGISTRAR	SIAIE UF M				F DEAT			REG. NO.			
A SOCIAL SECURITY NUMBER 2.6 D REISTORSON ROAD 3. SOCIAL SECURITY NUMBER UMBER (President Authority Number Numb		net)	- OLI		OAIL C	DEAL		_			T	3. TIME OF DEATH
\$4.00 A \$4.00 Feet Vester V	Georg	r	Moor	ro				MONTH	DA		PAR	
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26.09 Rel STORY STORY 10. COUNTY 10.			7-1		9b. CITY, TOW	VN OR LOCATIO	N OF D			9c. COUN		
The STREET HAND MARKER The COUNTY THE STREET HAND MARKER THE ST	2600 Poistorst	our Boad							4			
THE PART AND MANUSCRY 2.60.0 REISTERSTORN ROAD, 3rd FLOOR 2.12.17 1. MANUAL SEXULY 2.60.0 REISTERSTORN ROAD, 3rd FLOOR 1. MANUAL SEXULY 3. MANUAL SEXULY 4. MANUAL SEXULY 4. MANUAL SEXULY 5. MANUAL SEXULY 6. MANUAL SEXULY 7. FATHER'S NAME (Pirx. MASS, Lase) 8. MANUAL SEXULY 7. FATHER'S NAME (Pirx. MASS, Lase) 8. MANUAL SEXULY 8. MANUAL SE	RESIDENCE OF DECEDENT	OWII ROAU			Balt	more	CIT	У				
NO. STREET AND NUMBER 2 609 REISTERSTOWN ROAD, 3rd FLOOR 11. MAD DECEMBER 19 10 Market 2 1 Market 2 1 Market 2 1 Market 2 1 Market 3 M	10a. STATE 10b. COI	JNTY		10c. CITY	TOWN OR LO	CATION						10d, INSIDE CITY
2 GOOP REISTERSTOWN ROAD, 31'd FLOOR 1. MARKIL STATUS 1. MARKIL					BALT	IMORE						
11. MAN DECEMBER 1 STUDY OF DEATH OF STATE OF ST	10e. STREET AND NUMBER					10f. ZIP CODE				10g. CITU	ZEN OF W	HAT COUNTRY?
Type Septiment Type	2609 REISTE	RSTOWN ROAD	, 3rd FL	OOR		21217	7			USA	Α.	
Characteristic completed Characteristic completed Characteristic contributing to deeth but not resulting in death) Last Part Cardiovascular Due to (on as a consecuence or):	Never Married 2 Married	FORCES? 1	YES 2 NO	ED	If yes	, specify Cuban	, Mexic	an, Puerto Ric		or No	Black Specif	, White, etc.
TIP PATHERS NAME (First, Modes, Last) REV. JAHES MOORE 18. MICHIGH NAME (First, Modes, Mode	15. DECEDENT'S (Specify only highest g	EDUCATION rade completed)	(Give	kind of w	ork done during		,	16b. K	IND OF BUS	INESS/IND	USTRY	
REV. JAKES MOORE The INFORMATIS NAME (FIRE, Modes, Lari) The INFORMATIS NAME (FIRE PROPERTY) HENRIETTA SNITH MOORE 26.09 REISTERSTOWN ROAD, BALTIMORE, MD. 21217 28.4 METHOR OF DESCRIPTION PREMOVED FROM THE STATE OF THE	Elementary/Secondary (0-12)	College (1-4 or 8 +)	ille. Do	o NOT use	e retired.)							
TIDA MOORE 198. MALIFO ADDRESS (Some and Mumber or Plant Floring Number, Copy or Town, State, Zerocke) 206. PART S NITTH MOORE 21. SAMALING ADDRESS (Strone of Mumber of Part I MOORE PROVINCY OF Town, State Confidence of Part I Moore, Copy of Town, State Confidence of Part I Moore, Copy of Town, State Confidence of Part I Moore, Copy of Town, State Confidence of Part I Moore, Copy of Town, State Copy			MEAT	DRI	ESSER							
The MARINO ADDRESS (Street and Number or Rural Rooms Number, City or Town, State, Zip Code) HENRIETTA SMITH MOORE 26.09 REISTERSTOWN ROAD, BAITINGE, MD. 21217 28.0 METROO OF DISPOSITION Date Soc. LOCATION City or Town, State City or T						18. MOTH	ER'S NA	AME (First, Mid	dle, Maiden S	Sumame)		
## PART II. Other algrificant conditions contributing to death but not resulting in the underlying cause given in Part I. Due to (or as a consequence of part) Due to (or		ES MOORE	i e e e e e e e e e e e e e e e e e e e	10000000								
20. HACK AND DATE OF DISPOSITION Comments of Chemeston 3 Removal from State Removal from Sta		***	196. 1									
Committed 2 Committed 3 Removal from State Constitute of State Constitute Constitute of State Constitute Constitute		MOORE					IN I		T .			
21. SIGNATURE OF PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervine diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervine diseases or condition. 22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervine diseases or condition. 23. PART II. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervine diseases or condition. 24. PART II. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervine diseases or condition. 25. PART II. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate interval deleveen of meaning the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate interval deleveen of meaning the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate interval deleveen of meaning the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate interval deleveen of meaning and the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate interval deleveen of meaning and the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate interval deleveen of meaning and the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate interval deleveen of meaning and the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate interval deleveen of meaning and the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate interval deleveen of part and th	€ Burial 2 Cremation 3 🗆 F	Removal from State	cemetery, creme	tory or oth	her plece)			1				
JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTITURE ST. BAJTO. ND. 21223: P.O. DOX 4433 Approximate shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finel diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Oriset and Death (Interval Between Oriset and Death Original Between Oriset and Death (Interval Between Oriset and Death Original Between Oriset and Death (Interval Between Oriset and Death (Interval Between Oriset and Death Original Between Oriset and Death (Interval Between Oriset and Death (Interval Between Oriset and Death (Interval Between Oriset and Death Original Between Original Between Original Between Oriset and Dea		LICENSEE	GARRI	SON					OWI	NGS N	AILLS	MD.
23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each fine. IMMEDIATE CAUSE (Finel desease or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Oneset and Death desease or condition resulting in death) **Approximate interval Between Oneset and Death desease or conditions.** **BACT II. Other algoritications of the Death (Death Death Death Death) LAST **DUE TO (OR AS A CONSEQUENCE OF): **DUE TO (OR AS A CONSEQUENCE OF)	(V) /	LICENSEE	Ω						FIIN	ERAT.	HOME	7 P A
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	shock, or heert fellu IMMEDIATE CAUSE (Finel disease or condition	ire. Liet only one caus	e on each line.		ot enter the	mode of dyin	ng, aud	ch as cardia	ALTO. 1	D. 21	223: eat,	Approximate interval Between
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 Inputer 2 ER/Outpatient 3 DOA 4 Normany Home 5X Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Normany Home 5X Residence 8 Other (Specify) 28. DATE OF INJURY AT WORK? 2 NOON NORMAN NO NORMAN	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (c	OR AS A CONSEQUI	ENCE OF):	SCULAR	D1	sease				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO No. 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural S Pending Investigation Pending Investigation Pending	PART ii. Other aignificent condi	tions contributing to c	leeth but not rea	uiting in	n the underi	ying ceuse gi	ven in	Part I. 2			24b.	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 1 OTHER: 1 Norsing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Sulcide 6 Could not be determined 28e. PLACE OF INJURY At home, farm, street, factory, office 28e. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Sulcide 6 Could not be determined 28e. PLACE OF DEATH (Check only one) 28e. PLACE OF DEATH (Check only one) 28e. Death (Specify) 28e. Death (Specify) 28e. Death (Month, Dey, Year) 28e. PLACE OF DEATH (Check only one) 28e. Death (Month, Dey, Year) 28e. Death (Month, Dey, Year) 28e. PLACE OF DEATH (Check only one) 28e. Death (Month, Dey, Year) 28e. Death (Month, Dey, Year) 28e. PLACE OF DEATH (Check only one) 28e. Death (Month, Dey, Year) 28e. Death (Specify) 28e. PLACE OF DEATH (Check only one) 28e. Death (Specify) 28e. PLACE OF DEATH (Check only one) 28e. Death (Specify) 28e. Death (Specify) 28e. PLACE OF DEATH (Check only one) 28e. Death (Specify)												COMPLETION OF CAUSE
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EXAMINER? Continued Conti									Inqui	ıry		
1 Notice of Death 1 Netural 5 Pending Investigation 3 Solicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29s. SIGNATURE AND TITLE OF CERTIFIER LONG ALLO G. WARHT MD 11 Penn Street, Baltimore, Maryland 21201 21 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21 Name And Address of Maryland 21201					26	. PLACE OF DE	ATH (C	heck only one)				
27. MANNER OF DEATH 1 Matural 5 Pending Investigation 26s. DATE OF INJURY M 28s. TIME OF INJURY M 28s. INJURY AT WORK? 1 YES 2 NO 2 Accident 3 Sulcide 6 Could not be determined 26s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29s. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year) No. C. M. E. 08/11/92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street Baltimore Maryland 21201			ER/Outpetient 3			Home 5X Res	idence	6 ☐ Other /	Specify)			
1 DR Natural 1 DR Natural 2 Accident 3 Succident 3 Succident 4 Homicide 4 Homicide 5 Pending 1 Investigation 6 Could not be 1 Certificate only 1 Certificate 1 Could not be 1 Certificate 1 Description 2 MREDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. Signature and Title of Certifier 2 Macural 3 Succide 4 Homicide 5 Pending 1 Occ. M.E. 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	27. MANNER OF DEATH			26b. TIME	OF 28c.	INJURY AT				JURY OCC	URED	
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298. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 298. SERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 290. SIGNATURE AND TITLE OF CERTIFIER 290. DATE SIGNED (Month, Day, Year) 291. DATE SIGNED (Month, Day, Year) 292. LICENSE NUMBER 293. DATE SIGNED (Month, Day, Year) 294. DATE SIGNED (Month, Day, Year) 295. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Month, Day, Year) 297. DATE SIGNED (Month, Day, Year) 298. DATE SIGNED (Month, Day, Year) 299. DATE SIGNED (Month, Day, Year) 290. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 290. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 290. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 291. DATE SIGNED (Month, Day, Year)	2 Cutotde	26a. PLACE OF	INJURY — At home	, ferm, st	treet, factory, o	offica		281. LOCATI	ON (Street a	nd Number	or Rural R	oute Number,
(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER O.C.M.E. 29d. DATE SIGNED (Month, Day, Year) 0 NALO G. WAGHT MD 111 Penn Street, Baltimore, Maryland 21201			tc. (Specify)					City or	Town, State)			
296. SIGNATURE AND TITLE OF CERTIFIER 296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 0.C.M.E. 296. DATE SIGNED (Month, Day, Year) 0.C.M.E. 297. DATE SIGNED (Month, Day, Year) 0.C.M.E. 298. DATE SIGNED (Month, Day, Year) 0.C.M.E. 290. DATE SIGNED (Month, Day, Year) 111 Penn Street, Baltimore, Maryland 21201	29a. CERTIFIER	JVOICIAN: To the best of a										
Nonald & Wright MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) DONALO G. WAGHT MD 111 Penn Street, Baltimore, Maryland 21201												and manner as stated.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALO G. WAGHT MD 111 Penn Street, Baltimore, Maryland 21201	296. SIGNATURE AND TITLE OF CERT	FIER				29c. LICEN	ISE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)
DONALO G. WAGHT MD 111 Penn Street, Baltimore, Maryland 21201	The state of the s					0	.C.	M.E.			08/1	1/92
TI FEIII BLIEEL, BAILLIIUIE, MALVIAIU 21201			OF DEATH (ITEM 2						Marri	land	212	01
			'S SIGNATURE		II DELE	Da	TCT	more,	TIGT A T	Land	414	

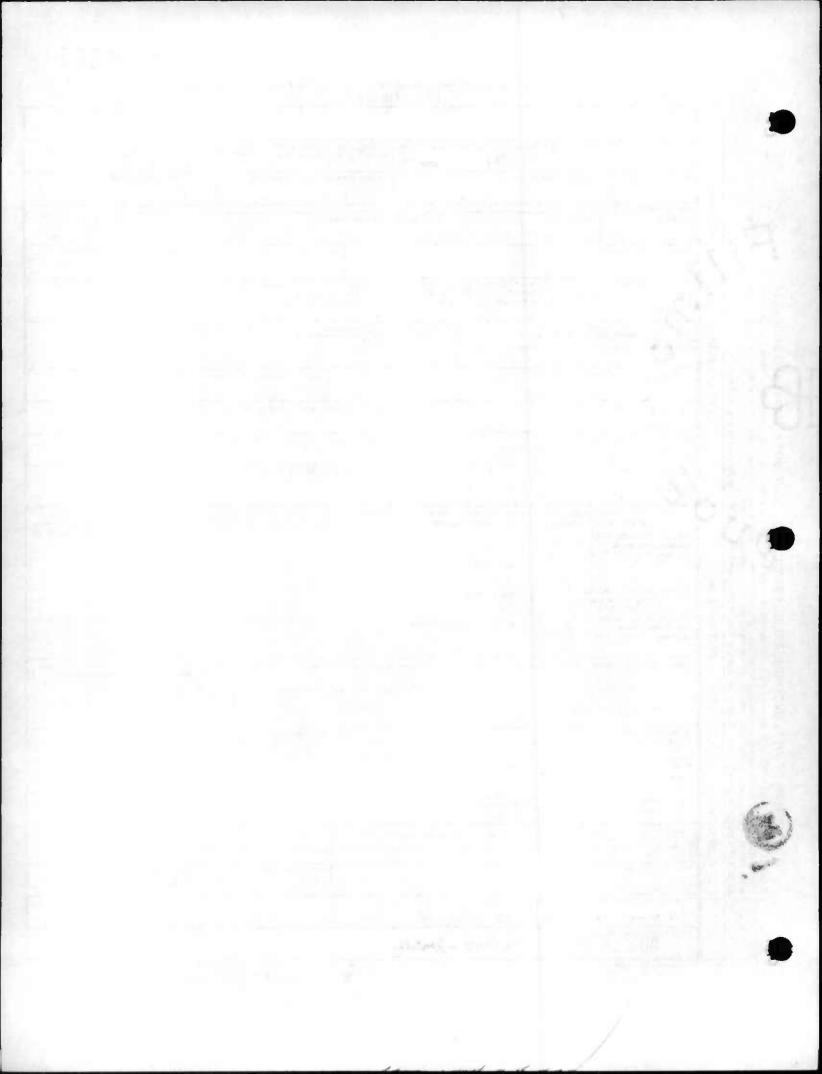
Are this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should are same with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ING PRISIDAN: The law inquires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020**

ION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



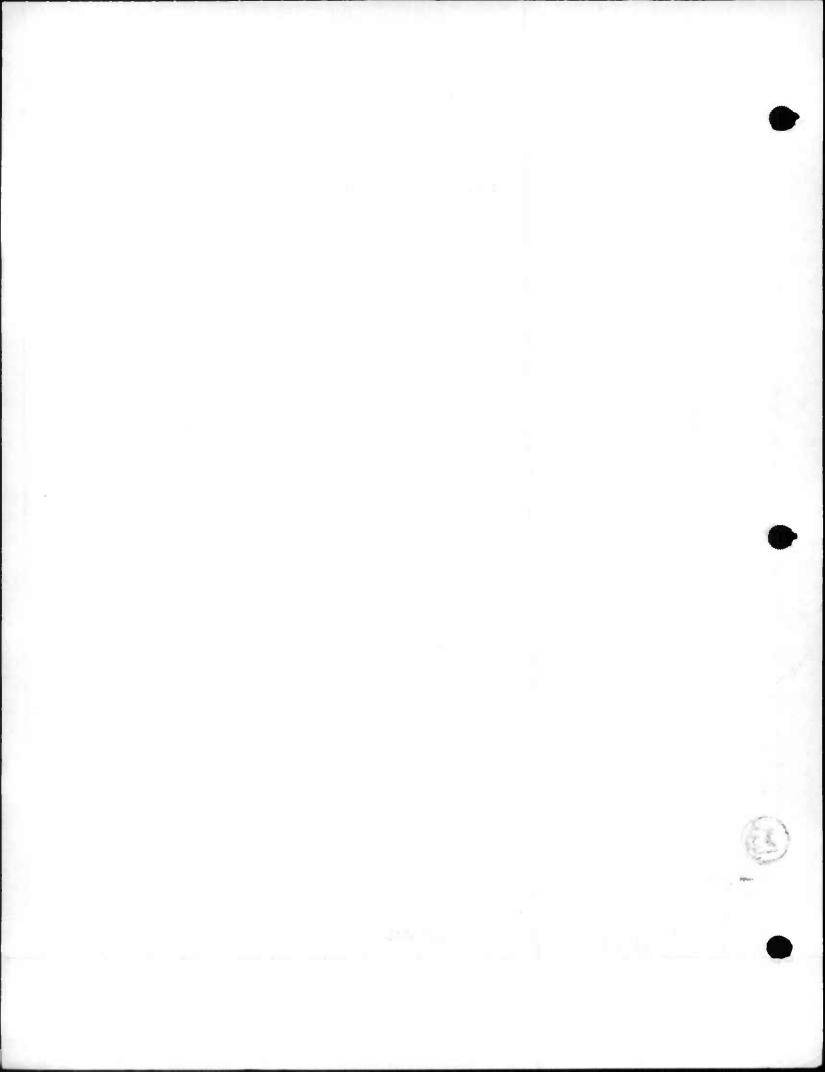
BALTIMORE, MARYLAND 21215-0020	TEMBING PRINCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	The many than classed by the open district and completely filled to be the decree of t
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_	Jours a	A to be
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OF	HYSICIA	This cart
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use as the burial-transit permit. Pages 1, 2, 3 should TO THE TO THE ACCOUNT THYSICIAN: The law requires that the death certificate be executed within 24 nours arrer oearn, rage to may us returned by the attention physician and completely filled in by the functal director, page 5 should be detached to the fact and the first oearn with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 1 - STATE

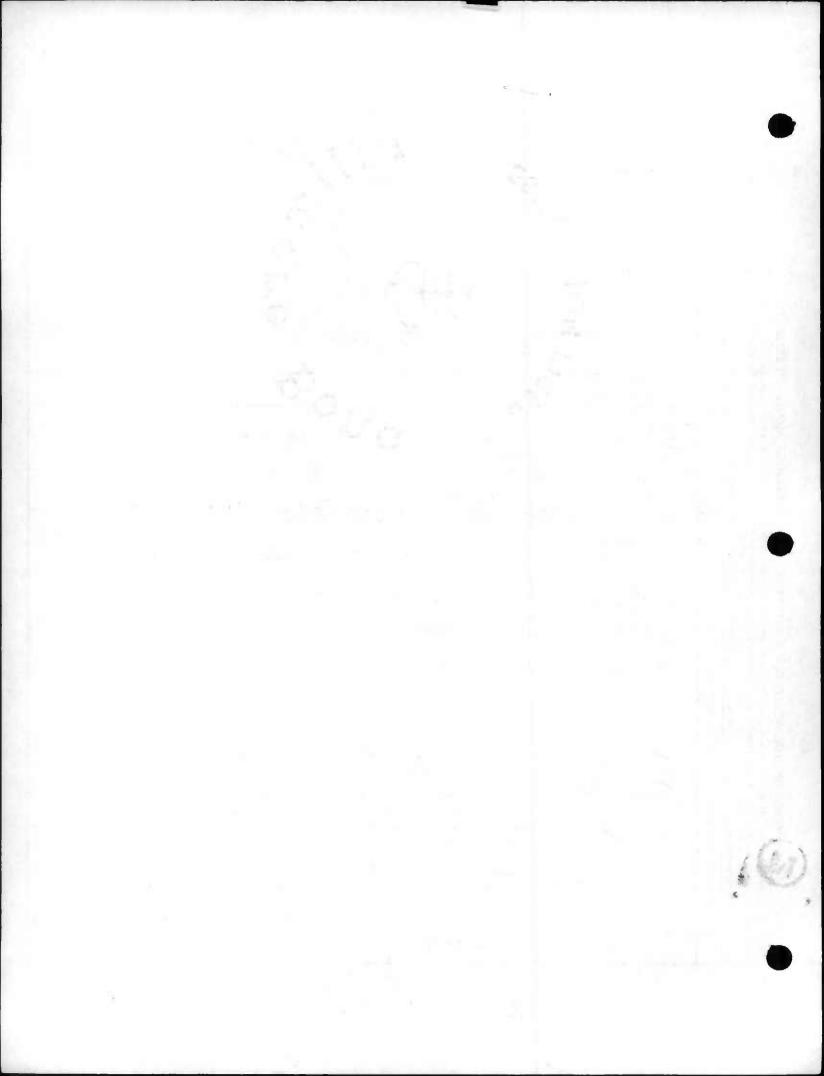
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	ICATE U	F DEATH	REG. N	0.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Ann	М.	More	house		A11911ST	9, 1992	11:05pm w
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
	10 000	1 □ M 2 🂢 F	51 YRS.	MONTHS DAY	B HOURS MIN.	8-31-40	Cour	N.Y.
E I	90. FACILITY NAME (If not institution, give str Maryland Genera	el Hospital			nor Location of Di nore City	EATH	9c. COUNTY OF	DEATH
DIRECTOR	RESIDENCE OF DECEDENT							
2	10a, STATE 10b, COUNTY			Y, TOWN OR LO				10d. INSIDE CITY
5	MD		Ba	ltimor	е			1 YES 2 NO
A I	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
E	2428 Etting St	•			21217		U.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS (ECENDENT OF HISPAI	NIC ORIGIN? (Specify)	6e or No 14. RA	CE — American Indian, ck, White, etc.
BY FUNERAL	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 Y			apecify Cuben, Mexica ES 2 NO Specif		Sou	ck, White, etc. city: 1. C. K
ED	15. DECEDENT'S EDUC. (Specify only highest grade of		16a. DECEDENT'S			16b. KIND OF B	USINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during se retired.)	most of working			
M	8th 17. FATHER'S NAME (First, Middle, Lest)							
8	Marshall Moreho	ALIS A				ME (First, Middle, Meide eth Garr	,	
BE	19e. INFORMANT'S NAME (Type/Print)	use	40h 4444 (***	ADDDESC (C.				
임	JOAN OUEEN					House Number, City or R		ID 01017
ŀ	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE				OCATION - City or	
	1 Buriel 2 Cremation 3 Remon	val from State	Mount Z	ther place)	matary		nsdowne	
	21. SIGNATURE OF FUNERAL SERVICE LICE		Mount 2		AND ADDRESS OF FA		ii 3 d O Wile	, 110
	Formi	XX	-	WHM C	. MARCH	F.H./11	01 E. N	ORTH AVE.
	23. PART I. Enter the diseases, Dr et	mplicetions that cau	sed the deeth. Do	of enter the	mode of dying, suc	h as cerdiac or rea	piratory arrest.	Approximate
	ahock, or heart failure. L IMMEDIATE CAUSE (Final	ist Dnly one cause D	each line.				•	interval Between Onset and Death
	disease or condition	Metast	atic carc:	inoma o	f the lun	o		Onset and Death
ı	resulting in deeth) a		S A CONSEQUENCE O			6		
z								ĺ
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF	F):				
S	CAUSE (Disease or Injury							
E	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF	F):				
EH	d.							
2	PART II. Other algnificent conditions	contributing to deat	but not resulting	in the underly	ing cause given in	Part I. 24s. WAS A	N AUTOPSY 24	b. WERE AUTOPSY FINDINGS
S	Chro	nic obstru	ctive pulr	nonary	disease	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
8						1 TYES	23(NO	OF DEATH?
Σ								1 TES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (Ch	ack note one!		
PHYSICIAN:		HOSPITAL:	utpatient 3 🗆 DOA	OTHER:	ome 5 Residence			
Ě	27. MANNER OF DEATH	28e. DATE OF INJUI	Y 286. TIM	E OF 28c.	NJURY AT	28d. DESCRIBE HOW	INJURY OCCURED	
	1 Natural 5 Pending	(Month, Day, Yea		URY	WORK? YES 2 NO			
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJU	IRY — At home, lerm, i			28f. LOCATION (Stree	t and Number or Rural	Route Number
COMPLETED	4 Homicide determined	building, etc. (S	pecify)			City or Town, Stel		•
ا پ	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of my kr	owledge death occurs	d at the time d	to and place, and due	to the council and		
Ř	(Check only one) 2 MEDICAL EXAMINER:							(e) and manner se stated
	29b. SIGNATURE AND TITLE OF CERTIFIER							
H	Leonarde S. D.	En Vi.			294. LICENSE NUI	n/a	PAGE BIGNE	O (Moreo Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Time	Print)			9/2	190
	Leonardo Gan Lim	, M.D.	c/	o Mary	land Gener	ral Hospit	al	
	31. DATE FILED (Month, Day, Year) AUG 14 1992	32. REGISTRANTS SI	GNATURE Pandell	L				



	PICE
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ECO	racintas
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I OF VITAL RECORDS	THE DAVEICIAN. T
VISION	SIND NO.
-000	š
	1

	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF DEAT MONTH	H	YEAR 3. TI	ME OF DEATH
	Mary Jane Moo						8	11/	92	
ı	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes		8. BIRTHPLAC Country)	E (State or Foreign
- 7	237-36-0959	1 M 2 KF	89	YRS.			12-9-0		N.I	C
œ	96. FACILITY NAME (If not institution, give					OR LOCATION OF DE	EATH	9c. COUN	TY OF DEATH	
СТОЯ	Francis Scott	key nos	pitai		Baltin	nore				
2	10a. STATE 10b. COUNT	ΓY		2.7	Y, TOWN OR LOCAT				10d.	INSIDE CITY LIMITS?
0	MD				Baltimo				Α	YES 2 NO
ERAL	1321 Bonsal S	+ An+	2.0		1.0	. ZIP CODE			ZEN OF WHAT	COUNTRY7
UNE	13ZI DUNSAL 3	12. WAS DECEDE		ARMED		21224 CENDENT OF HISPAI	NIC ORIGIN? (Specif	U.S	14. BACE A	merican Indian,
F	1 Never Married 2 Married	FORCES?	WAR OR DATES		If yes, sp	ecify Cuban, Mexica 2 NO Specifi	in, Puerto Ricen, etc		Black, Whi Specify:	ite, atc.
ВУ	3 📝 Widowed 4 🗌 Divorced					-/25			Blac	k
TED	15. DECEDENT'S EDU (Specify only highest grad		16a.	Give kind of	USUAL OCCUPATE work done during mo se retired.)	DN ost of working	16b. KIND O	BUSINESS/IND	USTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5	+)		loyed					
COMPL	17. FATHER'S NAME (First, Middle, Lest)	-11			,	18, MOTHER'S NA	ME (First, Middle, Mi	ilden Surname)		
E CC	Jerry William	S				Mary				
00	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City of	r Town, State, Zip	Code)	
10	Betty Burrows			1321	Bonsa	l St. A	pt.2c/F	altim	ore.	MD 212
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Rer	moval from Stata	othe	r nisce)	SITION (Name of ce	metery, crematory or	20	c. LOCATION	City or Town, S	Slata
	4 Donation 5 D Other (Specify)		_ Kin	ig Me	morial			andal1	stown	n. MD
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22. NAME A	ND ADDRESS OF FA	KCILITY			
70	Torana	4	as C	1	WM	C. MAR	CH F.H.	/1101	E. NO	ORTH A
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A CON	ISEOUENCE (PF):	Hea		lseav		
. CERT	PART II. Other significant condition	d	o death but n	ot resulting	in the underlyin	ng cause given in	Part I. 24a. W	AS AN AUTOPSY	24b. WEI	RE AUTOPSY FIND
N: MEDICAL							PI	RES 2 NO	CO9 OF	ALABLE PRIOR TO WPLETION OF CAU DEATH? YES 2 NO
SICIAN:	25. WAS CASE BEFERRED TO MEDICAL EXAMINER?	HOSPITAL:		. /		LACE OF DEATH (C				
YSI	1 PYES 2 NO	1 Inpatient 2				me 5 🗆 Rasidence				
ВУ РНУ	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation		Day, Year)		M 1	JURY AT ORK? YES 2 NO	26d. DESCRIBE I			
ED	3 Suicide 6 Could not be determined		OF INJURY — A g, etc. (Specify)	N home, ferm	atreet, factory, offi	ca	28f. LOCATION (S City or Town,		r or Rurel Route	Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY	SICIAN: To the best								d menner as star
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFI	IER	hun			29c. LICENSE NU	IMBER 150	29d. DAT	8/10/	onth, Day, Year)
F	30. MATTER AND ADDRESS OF PERSON W			(ITEM 27) (7y)	441 S	S. Ellu	good Au	E BA	LTO, W	v 212
	31. DATE FILED (MONTH), Day, Your) AUG 14 199	2 SULLA	Day doon	Mandel	6					
	MOUTE 1991	4 10								

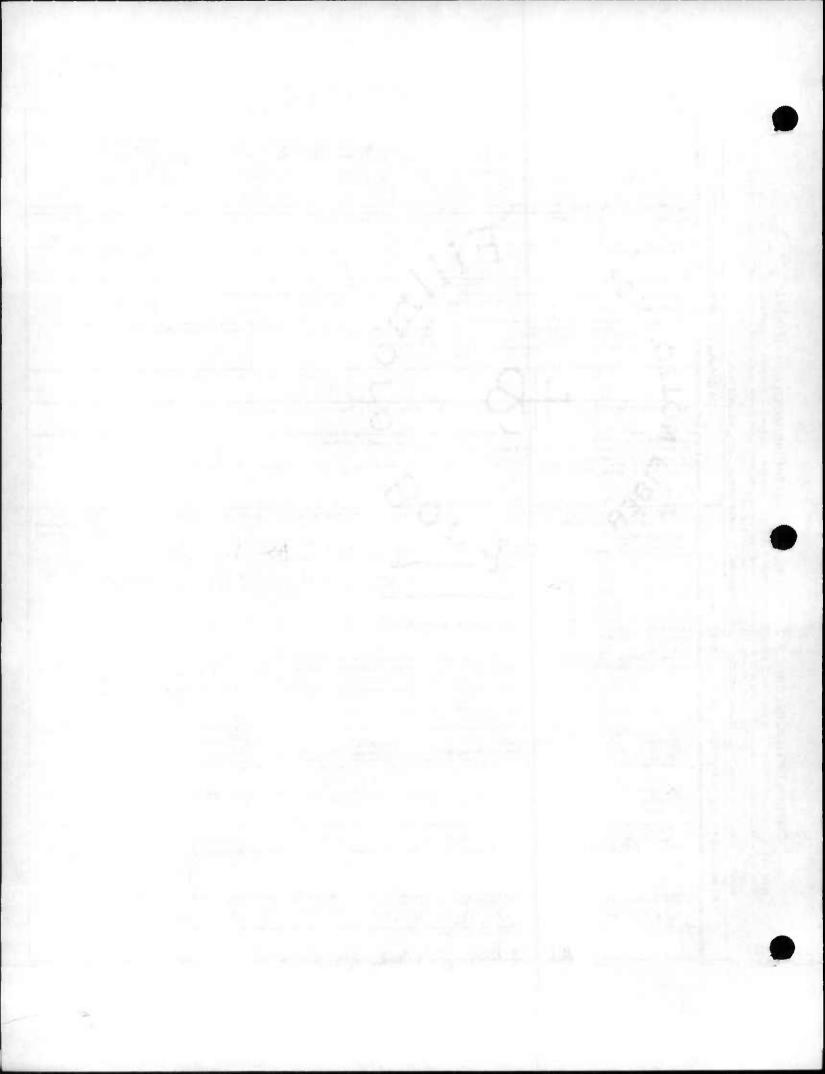


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	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	
	ING	
	SNO	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the positive permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

92-4513-510				00	22528
FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	92	6606
1. DECEDENT'S NAME (First, M.	iddle, Lest)		2. DATE OF DEATH		3. TIME OF DEATH
EVELYN	YVONNE	MCNEAL	08 12	1992	9:35

	REGISTRAR		CERTIF	FICATE OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	A LONDIE				2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH	
		YVONNE		McN	EAL	08	12		9:35 A.M	
	4. SOCIAL SECURITY NUMBER 213–14–4650	5. SEX 1 M 2 TF	6. AGE (In yrs. lest birthday) 74 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	11 18	8. BIRTI Count	HPLACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give 510 SEAGULL AVE RESIDENCE OF DECEDENT	street and number)			ORE CITY	DEATH	9c. CO	UNTY OF I	DEATH	
DIRECTOR	10a, STATE 10b, COUNT	Υ		TY, TOWN OR LOCA ALTIMORE	TION				10d, INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 510 SEAGULL AVENUE		2.	10	21225		10g. CI	TIZEN DE	MHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 XND AR OR DATES	Il yes, s	CENDENT OF HISPA pecify Cuban, Maxic 3 2 X ND Speci	an, Puarto Rica	Specify Yes or No— n, etc.)	Blec	E — American Indian, k, White, atc.	
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of	S USUAL OCCUPATE	ON ost of working	16b. Kill	OF BUSINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5 e		use retired.)		HARE	BOR HOSPITA	AL		
BE CO	17. FATHER'S NAME (First, Middle, Lest) MELVIN PENNINGTO	N			LUCILLA	RUFF				
0	19a, INFORMANT'S NAME (Type/Print)			DEN MAPLE			City or Town, State, 2 21207	(ip Code)		
	KAREN GREENHILL		20b. PLACE AND DATE			OATE	20c. LOCATION -	- City or Tr	own. State	
	1 💢 Buriel 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 8 🗆 Other (Specify)		**ARBUTUS**ME	MORTAL PAR	K	8/15	BALTIMORI			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		MARC	H FUNERAL	HOME, WE	EST TIMORE, MD	212	215	
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OHE TO	NING COMPANIED OF AS A CONSEQUENCE CO	ROTIC	NG HT CARDIC	WASC	ENSIWE WAR	pisa	Onset and Death	
DICAL	PART II. Other significent condition	na contributing to	death but not resulting	in the underlyin	g cause given in		PERFORMED?	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: ME		Y								
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☒ YES 2 ☐ ND	HOSPITAL:	ER/Outpetlent 3 DOA	OTHER:	LACE OF OEATH (C)					
Ä	27. MANNER OF DEATH	28a. DATE OF	INJURY 28b. TIN	NE OF 28c. IN.	URY AT		BE HOW INJURY O	CCURED		
ВУ	1 Netural 5 Pending 2 Accident Investigation	(Month, De		M 1 🗆	PRK? YES 2 NO					
	3 Suicide 8 Could not be determined	28e. PLACE Of building,	F INJURY — At home, farm, etc. (Specify)	At home, ferm, street, factory, office 28f. LOC				LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED			my knowledge, death occur amination and/or investigation						and manner as stated.	
BE	294 SIGNATURE AND TITLE OF CENTREE		1		29c. LICENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year) -1992	
٩	MARIO F. GOL	O COMPLETED CAUS	At a con-				ORE MARY			
1	31. DATE FILED (Movith, Day, Year)		T'S SIGNATURE							



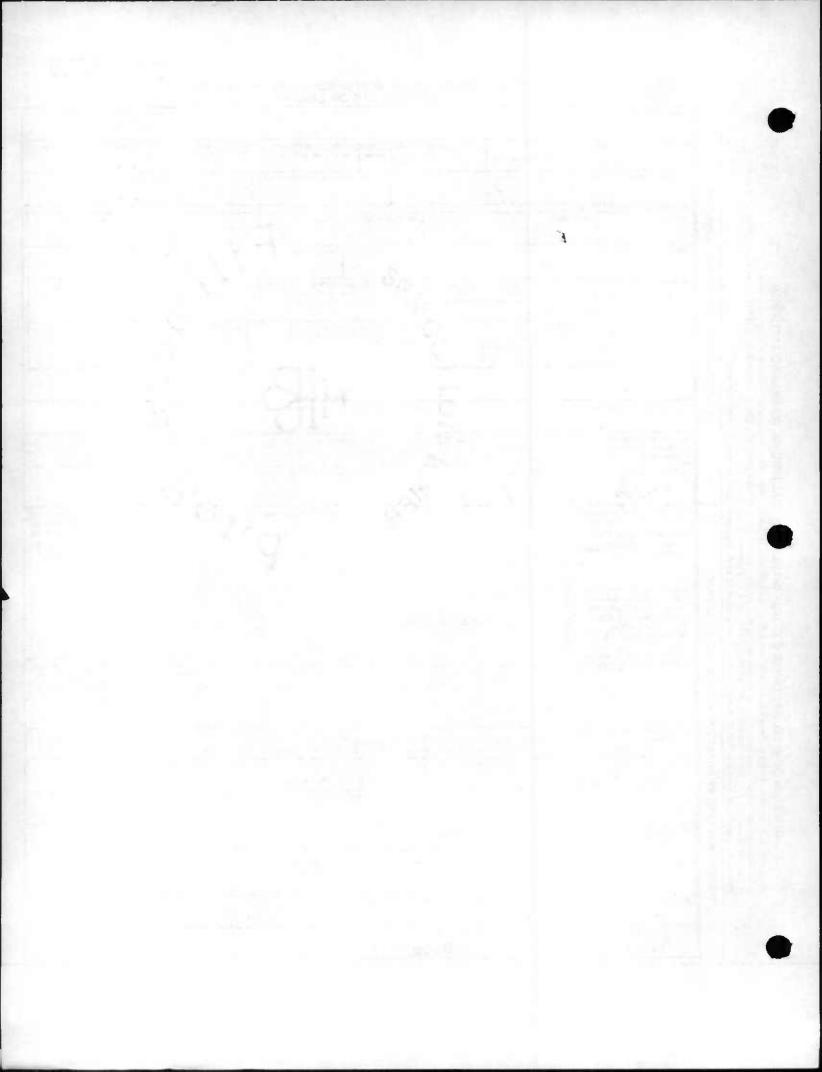
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use 25 the buffar Lamsit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	-	3. TIME OF DEATH
·	MARIE MAI	RY	M	IAHLE		08 11	92	05:45 PM M
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign
	213.28.6641	□ M 2 💢 F	83 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 01-17-09	Count	YLAND
1	9a. FACILITY NAME (If not institution, give street	and number)	0.7	9b. CITY, TOWN	OR LOCATION OF DE		Be, COUNTY OF E	
DIRECTOR	NORTH ARUNDEL HOSE		CIATION		BURNIE			COUNTY
<u> </u>	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
듬	MD ANNEARI	JNDEL COUN	TY GLE	N BURNII	?			LIMITS?
뒿	10e. STREET AND NUMBER				. ZIP CODE		10g, CITIZEN OF	WHAT COUNTRY?
FUNERAL	7489 A FURNANCE BE				21060	11/2	U.S.A	1
B¥	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 ZNO	ti yes, ap	ecity Cuban, Maxica 2 NO Specify	IIC ORIGIN? (Specify Yes or n, Puerto Rican, etc.) //	r No — 14. RAC Blac Spec	E — American Indian, k, Whita, etc. My: WHITE
8	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUSIN	ESS/INDUSTRY	
4		ollege (1-4 or 5 +)	(Give kind of silfe. Do NOT us	work done during mo se retired.)	est of working			
COMPLETED		ONE	HOMEMAK	ER		OWN HOME	3	
ŏ	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, Middle, Maiden Su	mame)	
BE (JOHN FLOCK				UNKNOWN	I		
2	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street a	and Number or Rural F	Route Number, City or Town, 3	Stata, Zip Code)	
۴	SHIRLEY M. MILLER		7489	A. FURNA	ANCE BRAN	ICH ROAD GLE	EN BURNT	E MD 21060
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremation 3 □ Ramoval		06. PLACE AND DATE		ame of	OATE 20c, LOCA	TION - City or To	own, State
	4 Donation 8 Dother (Specify)	NAME OF THE OWNER OWNER OF THE OWNER	METRO CRI	MATORY		8-13-92 CA	ATONSVII	LLE MD
1	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE /	1	22. NAME A	ADDRESS OF FA	NERAL HOME		
	1/2/2016	11 ch	1 the			E. S.W. GLEN	JRIIRNTE	MD21061
	23. PART I. Enter the diseases, or com	plications that ceus	ed the death. Do					Approximate
	shock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) a	only one cause on	consequence o					Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE OF					
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEDUENCE O	F):				
ਹ	PART II. Other significant conditions co	antributine to death	but not reculate					
DICAL	TAN II. Other significant conditions co	ontributing to death	but not resulting	in the underlying	g cause given in	Part I. 24s. WAS AN AU PERFORME		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă						1 [] YES 2 []	NO	OF DEATH?
Σ								1 TYES 2 ND
A N	25. WAS CASE REFERRED TO MEDICAL							
2	EXAMINER?	OSPITAL:		OTHER;	ACE DF DEATN (Che	ck only one)		
PHYSICIAN: ME	1 YES 2 NO 1	Inpetient 2 ER/Ou			e 5 🗆 Residence			
BY PH	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		URY WO	URY AT RK? /ES 2 NO	28d. DESCRIBE NOW INJU	JRY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, ferm, secify)	street, factory, offic	•	261. LOCATION (Street and City or Town, State)	Number or Rural F	Route Number,
9	29a. CERTIFIER	(V = V						
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: Or	To the best of my kno the basis of axaminati	wiedge, death occum on and/or investigation	n, in my opinion, d	and place, and dua eath occured at the	to the cause(s) and manner time, date and place, and d	r as stated, lus to the cause(r	s) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER		1	,	29c. LICENSE NUM			(Month, Day, Year)
10 BE			1/	7	- 4	Fof "	· 81,	3187
-	30. NAME AND ADDRESS OF PERSON WHO CD DR. CHARLES WU, M.I)./1600 CR	AIN HIGHW	Print) IAY SW/GI	LEN BURNI	E, MD 21061		11
	31. DATE FILEO (Month, Day, Year)	a32. REGISTRAR'S SIG	NATURE					
	AUG 14 1992	in Davidson	Randelle.					



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 2120	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us having a should be detached for us having a should be detached for us having the State Devi: of Haalth and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	2	22	₹	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALT		ENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle, Last) CATHERINE 4. SOCIAL SECURITY NUMBER	L. M	arcell	ino		8 12	, 9	
214-12-9323	1 M 2 F 71		UNDER 1 YEAR IF UNITHE DAYS HOUR		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
98. FACILITY NAME (If not institution, give) North Orund RESIDENCE OF DECEDENT	el Nursing	Conter G	en E	ATION OF DEAT		9c. COUNTY A. A	of DEATH
MD ANNE			WN OR LOCATION		-		10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER	ARUNDEL	GLEN	BURNIE 10f. ZIP C	ODE		10g. CITIZEN	1 ☐ YES 2 🙀 NO
357 MAE ROAD			210	_			S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO		ıben, Mexican,	ORIGIN? (Specify Yes Puerto Ricen, etc.)	or No — 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	180. DECEDENT'S USU (Give kind of work life. Do NOT use ret HOMEMAKE)	done during most of wo lred.)	orking	OWN HO		TRY
17. FATHER'S NAME (First, Middle, Last)		TOTAL MINE		OTHER'S NAME	E (First, Middle, Maiden		
GEORGE HUGHES 190. INFORMANT'S NAME (Type/Print)		400 84411 1010 470		AGNES I	DAUS ute Number, City or Tow	- 0	
MARCELLA M. MEYE	RS		DING CRO				
20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Ren	noval from State	o. PLACE OF DISPOSITIO	N (Name of cemetery, c	crematory or	20c, LO	CATION — City	or Town, Stata
4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	GLEN HAVEN	22. NAME AND ADD	RESS OF FACIL	LITY	EN BUR	NIE, MD
· Haracl	BIIm	smc/			ERAL HOME	N BURN	IE, MD 21061
23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	s. Card	d the death. Do not ech line. D ROMA A CONSEQUENCE OF:	alfu	dying, such	as cardiac or resp	Iratory arrest	Approximete intervat Between Onset and Death
Sequentially list conditiona, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. Bread	A CONSEQUENCE OF):	dner	ne	na va		
PART II. Other significant condition	11 1 ()	out not resulting in ti	na underlying caus	e given in P	art I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Carpet	to He	art of	artis	i	1 YES :		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF	F DEATH (Checi	k only one)		
1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outs 28s. DATE OF INJURY	patient 3 DOA 4 DOA 4 DOA 10 D			Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	RED
1 Natural 5 Pending 2 Accident Investigation			M 1 YES				
3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spec	f — At home, farm, stree cify)	t, factory, office	ľ	28f. LOCATION (Street City or Town, State,		Rural Route Number,
000)	SICIAN: To the best of my know IER: On the besie of examination						ause(e) and manner ee atsted.
296. SIGNATURE AND TITLE OF CERTIFIE	nhe L	edas	I	309	568	29d. OATE SI	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Prir	t)				
31. DATE FILEO (Month, Dey, Year) AUG 1 4 1997	22. REGISTRAR'S SIGN	Pande 12					
					_		DHMH-18 Rev 1/89

mt. Pages 1, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunian be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH REGISTRAR CERTIFICATE OF DEAT

2-108-10-69 001 A PHILLIP 11/29/1960 B M 100355601 92 22531

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / CE				DEAT		MENTA		_) (_	
	1. DECEDENT'S NAME (First, Middle, L	ast)		-, . , . ,	IOAI		DLA	-	2. DATE	REG. NO.			3. TIME OF DEATH
	PHILLIP	A. MO	NROE, S	r.					MONTI	UST 8	š, 19	YEAR	6:55a.m. w
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		JF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	, .,	8. BIRTHP	LACE (State or Foreign
	215-82-5839	1 🔀 M 2 🗌 F	31	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov.	29 1		Country)	vland
	9a. FACILITY NAME (If not institution,	give street and number)			9b. CIT	Y, TOWN C	OR LOCATION			23 1		TY OF DEA	
S S	THE JOHNS H	OPKINS HOS	PITAL		BAI	TIMO	DRE C	CITY			BALT	IMORE	ECITY
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. CO												
E		SHIT				OR LOCAT							IOd. INSIDE CITY LIMITS?
1	Maryland 100. STREET AND NUMBER				Bali	timo							YES 2 NO
RA	908 Fulton A	Monus				101	. ZIP CODI	_	17		10g. CITIZ		IAT COUNTRY?
FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. ARI	MED	142	W# 6 DE0		212				USA	
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 N	0		If yes, spi	ecify Cuba	n, Mexice	n, Puerto f	? (Specify Yea lican, etc.)	or No-		– American Indian, White, atc.
BY	3 Widowed 4 Divorced	11 123, 0172	WHI ON DAILS			I U TES	2 [] NO	Specify	r:			Specify:	Black
COMPLETED	15. OECEDENT'S (Specify only highest of	EDUCATION trade completed	18a. OE(CEDENT'S	USUAL C	CCUPATIO	ON .		16b.	KIND OF BUS	INESS/INDU	JSTRY	220011
4	Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	Do NOT u	se retired.)	during mo.	st of working	9					
MP			Ch	i1d	Ca	re W	lork	er		Woodh	ourr	ne C	enter
	17. FATHER'S NAME (First, Middle, Last						18, MOTI	IER'S NAI	ME (First, A	fiddle, Maiden	Surname)		
BE	Phillip W. 19a. INFORMANT'S NAME (Type/Print)	<u>Monroe</u>								Burre			
٩										er, City or Yowr			
	Joyce Monroe 200, METHOD OF DISPOSITION			_				on A		7			MD 21217
	1 Buriel 2 Cremation 3 1	Removal from State	20b. PLACE A	netory or o	ther plecel			1	OATI		CATION C		
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	Arbut	us .	Memo	Dria	I P	ark	Du croy 1\1	Bal	timo	ore,	MD Homes Inc
	× 1/21	DB.	a.d.			2501	GW	vnns	s Fa	11s F	arkī	erai	. Homes Inc
	umun	100	ausey		1	3alt	imo	re,	MD	11s F 2121	.6	u	
	23. PART I. Enter the diseeses, ahock, or heart fello	or complications that are. List only one cau	t caused the decise on each line.	eth. Do r	not enter	the mo	de of dyi	ng, auch	n es card	lec or reepi	ratory arre	et,	Approximata Intervel Between
	IMMEDIATE CAUSE (Finel disease or condition	48	2.0										Onset and Death
1	reaulting in death)		DSIS .										12 hours
_			rea abdo			Par	tian						0 1
Ó	Sequentially list conditione, if any, leading to immediate		(OR AS A CONSEQ			1460	-1100						3 days
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	. who	erative	. ce	itt	ς							4 yours
E	thet initieted events	OUE TO	(OR AS A CONSEQ	UENCE O	F):								1 4001.3
CERTIFICATION	resulting in death) LAST	d											
2	PART II. Other eignificant condi	tions contributing to	deeth but not re	sulting	n the ur	derivino	COURS	iven in f	Part i	24a, WAS AN	AUTOBOV	245 14	ERE AUTOPSY FINDINGS
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									-	YES 2	□ NO	Ö	F DEATH?
2									-			1	TYES NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICA	L				26. PL	ACE OF DE	ATH (Che	ck only one	1)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpetient 3	DOA	OTHE	₹:			8 Other				
ξ	27. MANNER OF OEATH	28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJU	JRY AT	noenca s		(Specify)	JURY OCCL	RED	
≥	1 Natural 5 Pending 2 Accident Investigati	(Month, Di	ay, rear)	INJ	URY	1 _ Y	RK? ES 2	NO					
	3 Suicide 8 Could not	28a. PLACE OF	F INJURY — Al hon atc. (Specify)	ne, farm, a	treet, fact	ory, office			281. LOCA	TION (Street a	nd Number o	r Rural Rou	ite Number,
	4 Homicide determine	1	are (openly)						City o	r Town, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PI	HYSICIAN: To the best of	my knowledge, dea	th occurre	d at the t	ime, date	and place,	and due t	to the caus	e(a) and men	ner as states	1.	
S	one) 2 MEDICAL EXAM	AINER: On the basis of ax	amination and/or in	vestigatio	n, in my o	pinion, de	ath occur	ed at the t	lime, data	and place, and	due to the	cause(s) a	nd menner as stated.
BE C	296. SIGNATURE AND TITLE OF CERT	FIER					29c. LICE	NSE NUM	BER		29d, DATE	SIGNEO (M	fonth, Day, Year)
	Gillen H	rich N	1.0.				7	57ª	85			181	
2	30. NAME AND ADDRESS OF PERSON												
	Allen Hs	ieh 6	,00 N.	MO	fe o	3	Ba	H.	Mo	212	05	Tou	er 110
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAI	R) SIGNATURE	v		-							

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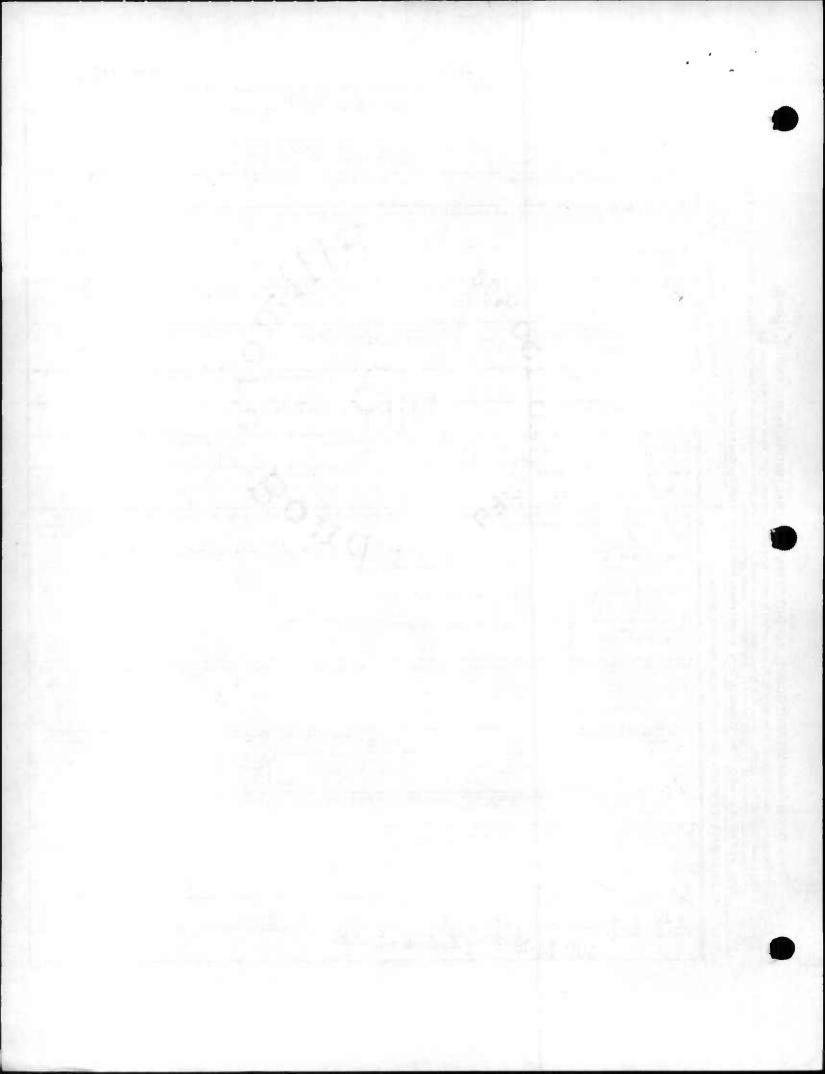
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home in particular

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use is the burnal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burnal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital d

1 - STATE REGISTRAR 1. DECEDENT'S NAME (First	t. Midrila. I auti			ERTIF					2 0	REG. NO	-		A 7407 AT
Den			D.		Mc N	OT.77			08	OF DEATH	AY 1	992	3:00 p
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. I				IF UNDER	24 HRS.	-	OF BIRTH	2 1	-	THPLACE (State or Foreig
515-42-9745	5	1.XXM 2 □ F		19 YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	h, Day, Year)		Cour	rtry)
9a. FACILITY NAME (If not is	nstitution, give s	treet and number)			9b. CITY	, TOWN (OR LOCATI	ON OF DE		16/43	9c. COL	JINTY OF	nsas DEATH
Baltimore	County	General			Rai	Randallstown					Bal	time	ore County
Baltimore RESIDENCE OF DEC	106. COUNT				Y, TOWN OR LOCATION						1 2001	CIIII	
Maryland					,								10d, INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Bat1	.imore			Caton		Lle						1 TES 2 NO
7004 Upper		Circle				101	/ 11	228					WHAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDER	NT EVER IN U.S. A	RMED	13.	WAS DEC			IIC OBIGIN	f? (Specify Yes		J.S.	A . E — American Indian,
1 Never Married 2		FORCES?	YES 2 K		- 1 -	If yes, sp		n, Mexica	n, Puerto I	Rican, etc.)	01 NO-	Blac	ck, White, etc.
3 Widowed 4 Dive	orced						2 63 110	ороспу				Spe	White
	CEDENT'S EDU		16a, D	Give kind of the Do NOT u	Work done	CCUPATIO	ON st of workin	a	16b	KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (College (1-4 or 5	*'					-					
		4 Years	P	rogra	am An	alys				S.S.A.			
17. FATHER'S NAME (First, MA.D. MCNOWN							18. MOTI			Middle, Maiden	Surname)		
A.D. MCNOWN										rris			
Richard Far										ber, City or Tow			
20a. METHOD OF DISPOSIT			20h DI ACE	/UU4 EAND DATE	Uppe	r Mi	LLS	Circ	le	Catons	CATION -	e. N	(D 21228
1 ☑ Burlel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		oval from State	cemetery c	remetory or o	ther plecel				1				
	1-1-11		ISE Dat	III Chu	wah M								
21. SIGNATURE OF FUNDRA	L SERVICE LIE	ENSEE	_ ISt. Par	ul Chu	rch 0	NAME AN	IST U	emete ss of fac	rty 8	/17Ho1y	rood	. Ka	nsas
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) MARY ANNE MARTIN 8-3-1992 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) DAYS 1 M 2 F 576 76 4528 9-6-1947 the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN DIRECTOR 608 Rolling Hill Walk Apt 204 Odenton RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Odenton Anne Arundel County FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 608 Rolling Hill Walk Apt 204 21113 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yaa or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced use as 1 ETED. 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) jo Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker COMPL page 5 should be detached 12 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (F notified at BE Victor Jenner Mary Scu 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Lionel Martin 608 Rolling Hill Walk, Pe 20a. METNOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must funeral director, 4 Donation Other (Specify) THE GNATURE OF FUNERAL SERVICE LICENSEE RONald Wade, Dir examiner 22. NAME AND ADDRESS OF FACILITY 0 8/4/92 655 W. Baltimore the medical 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as completely filled in by ahock, or heert feilure. List only one ceuse on each line cremation, or IMMEDIATE CAUSE (Finel the diseese or condition LUNG GINCOR reaulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): the attending physician and con Mental Hygiene prior to burial, other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part MEDICAL DIRECTOR: After this certificate has been signed by the hours after death with the State Dept. of Health and shows any PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check on HOSPITAL OTHER: 1 YES 2 DATO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 6 g Nome 5 Maildence 6 🗆 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT marked. 1 Natural M 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcida 281. COMPLETED 6 Could not be hours after Item 28 is 4 Nomicide 29s. CERTIFIER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 hr (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, of

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 MEGISTRAR'S MGNATURE

DR. GREGORY ARGYROS

92 22533

YEAR

9c. COUNTY OF DEATH

Anne Arundel Co

10g. CITIZEN OF WHAT COUNTRY?

Specify.

3. TIME OF DEATH

8. BIRTNPLACE (State or Foreign

10d. INSIDE CITY

USA

14. RACE — American Indian, Black, White, atc.

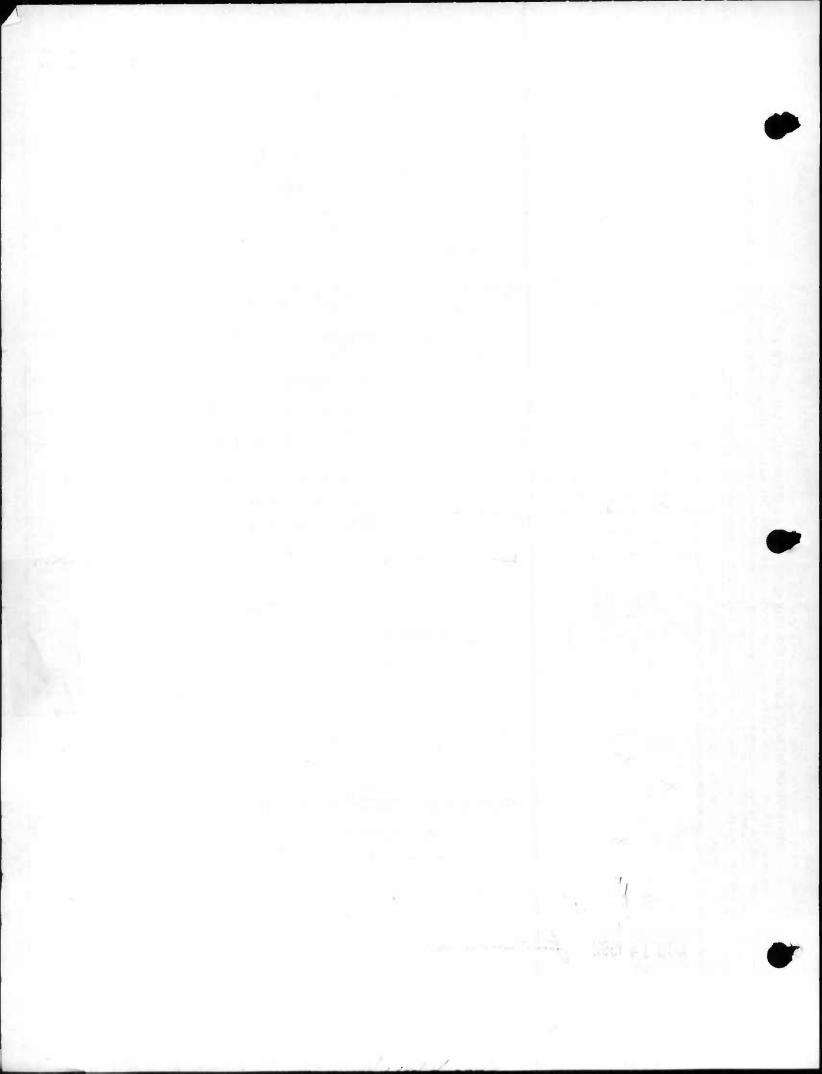
White

1 YES 2 NO

England

3:45 P

				Mar et and Number o	y Scu			m. State. Zip Co	ode)	
				et and Number o	or Rural Route .	Number,	City or Tow	n. State. Zio Co	rde)	
		IND DOT						.,	40)	
		TON DOL	ling	Hill W	Walk,	Odei	nton,	MD 2	1113	
		AND DATE OF D	ISPOSITION			DATE	7	CATION — Cit		State
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DUE TO (OR A	S A CONSE	DUENCE OF):								
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						1	_ 120 1	20		DEATH?
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ullding, atc. (S	Specify)	me, mrm, atree	t, tactory, on	lica	281.	City or To	ON (Street a own, State)	nd Number or I	Rural Route	Number,
best of my kn	owledge, de	ath occurred at	the time, de	ta and place, a	nd due to the	Cause(s	and man	ner as stated.		
									euse(a) an	d manner sa stated.
					SE NUMBER		-			
T 0((1)	12-6	P Z	GNED (Mo	nth, Day, Year)
7 0000				6.11.	10- 0	, , ,				
	-	1 27) (Type, Prin								DC 20307
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GISTRAR'S	GNATURE	6								
		4								



ON OF VITAL RECORDS, P.O. BOX 68760,

the hospital or at	detached for use	once.
if death. Page 6 may be retained by the hospital or at	or, page 5 should b	ust be notified a
after death. Page 6	y the funeral direct	cal examiner me
TO THE HOSP WING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNEFACTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Deer, of Health and Mental Horlere prior to burial, cremation, or removal.	event, the med
certificate be execut	ling physician and c	other traumatic
res that the death	igned by the attence	rs any Injury, or
IAN: The law requi	rtificate has been s	or Item 23 show
NDING PHYSIC	after death with the	28 is marked,
THE HOS	THE FUNEPAL THE Fled within 72 hours	ORTANT: If Item
2	22	E

STATE	OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR	RTMENT OF H	EALTH AND N	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) ELICK	Elick NEdw			rris	2. DATE OF DEATH OF MONTH DR	3-11-92	3. TIME OF DEATH 4 PM	
	4. SOCIAL SECURITY NUMBER 577-58-7877	5. SEX 6. AGE (In y	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0/07			
CTOR	9e. FACILITY NAME (If not institution, give street end number) Manor Care RESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION OF DEATH Wheaton			Montgomery		
L DIRECTOR	Maryland Montgomery Co			Bethes		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	4601 Chevy Chase Blvd 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMI			10f. ZIP CODE 10g. CITIZEN OF 20815				E — American Indien,	
ВУ	1 Never Merried 2 Merried 3 Vidowed 4 Divorced	FORCES? 1 YES 2 NO			2 NO Specify	Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of the Do NOT us	vork done during most of working			F Business/INDUSTRY nt Attorney		
BE COM	17. FATHER'S NAME (First, Middle, Last)		-		18. MOTHER'S NAM	WE (First, Middle, Maiden	Surname)		
TO B	190. INFORMANT'S NAME (Type/Print) Michael Orden					oute Number, City or Town t, Betheso)817	
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramoval from Stale 4 Conation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROyald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board								
	amarel/	Made	8/12/9	02 655 W	7.,Baltim	ore St, Ba	lto.,MD	21201	
	23. PART I. Enter the disesses, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disesse or condition	complications that caused the List only one cause on each	ne death. Do r	not enter the mo	de of dying, such	n as cerdisc or respli	ratory arreat,	Approximeta Interval Batween Onset and Death	
_	resulting in death) a. Sep 515 DUE TO (OR AS A GONSEQUENCE OF): PNEWMONIA 4.4								
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CERTIF	that initiated events resulting in desth) LAST oue to (or as a consequence of): d.							1 mo	
AL		trition	not resulting	in the underlying	cause given in f	Part I. 24a. WAS AN / PERFORI	MED?	O. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AN: ME	25. WAS CASE REFERRED TO MEDICAL	\ \			105.05.05.05.11.00			1 - YES 2 NO	
PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outpatie	26b. TIM	OTHER: 4 Nursing Home E OF 28c, INJU	S Residence		JURY OCCURED		
BY	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	(Month, Day, Year) 26e. PLACE OF INJURY — building, etc. (Specify)			ES 2 NO	281. LOCATION (Street a. City or Town, State)	nd Number or Rural	Route Number,	
COMPLETED	29e. CERTIFIER (Check only	IFIER 1 CEPTIEVING PAYSICIAN. To the band of the control of the co							
BE COM	CORRECT ONLY One) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the lime, date and place, end due to the cause of th								
TO B	30. NAME AND ADDRESS OF PERSON WH	Te g gett -	WIEM 27) (Type,	och M	D381	49 md	8-1	1-92	
	31. DAUG (1742 1992	ASP. REGISTRAR'S SIGNATU	To h	NSON	840	silver s	brind K	'wq	

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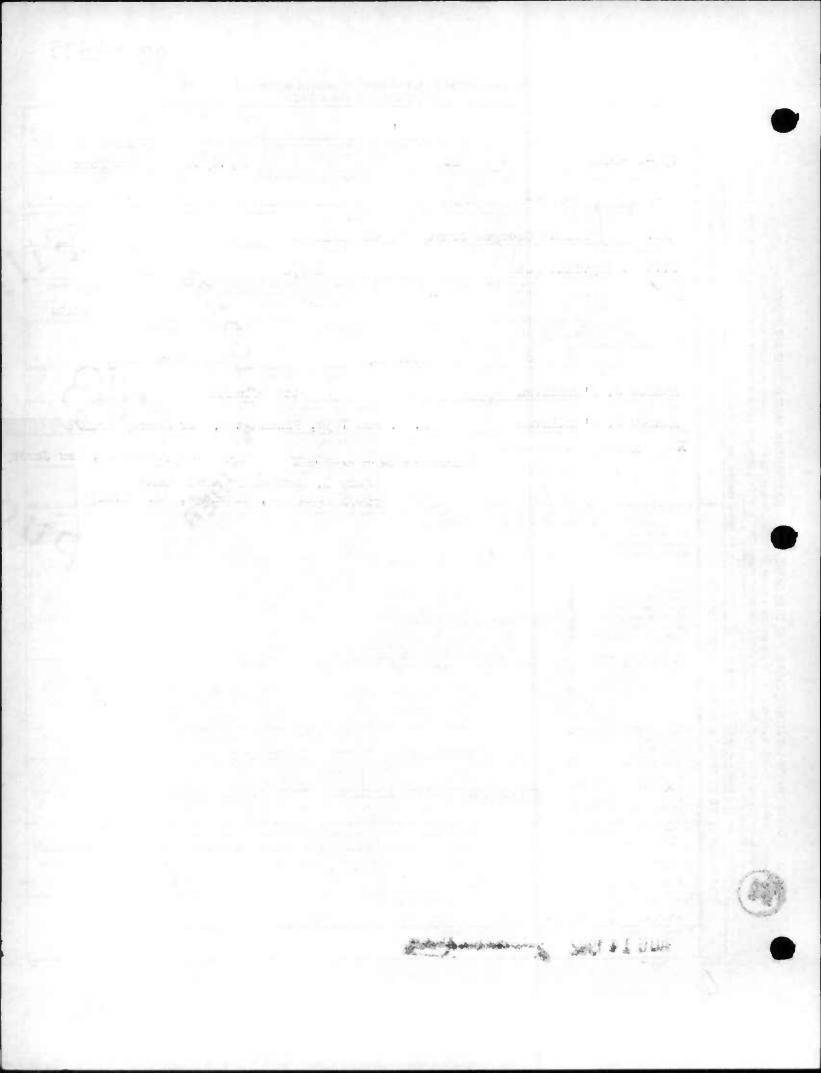
FOR STATE REGISTRAR

1 -

BALTIMORE, MARYLAND 21215-0020	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
P.O. BOX 68760,	th certificate be executed within 24 hours
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TENDING PHYSICIAN; The law requires that the dear
DIVI	THOSPITAL OR ATT

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH SOUTH DAY YEAR OF DEATH SOUTH DAY YEAR												
	LORRAINE N.			O'SULLIVAN			8	8 11 DAY 199		92 9:22 p			
	4. SOCIAL SECURITY NUMBER	5. SEX		rs. last birthday)	IF UNDER	DAYS	IF UNDER 24 HRS HOURS MIN.	7. DATE (Mont	OF BIRTH		8. BIRTI	HPLACE (State or F	oreig
	154-60-6444	1 M 2 M F	28	YRS.			arean err		711/6	4	Ne	w York	
	9a. FACILITY NAME (If not institution,	5.54.4			9b. CITY	, TOWN C	R LOCATION OF	DEATH		9c. COUN			
5	Holy Cross Hospital Montgomery Co.												
DIRECTOR	10a. STATE 10b. CC			-3.55	10c. CITY, TOWN OR LOCATION			10d. INSIDE CIT	Y				
		ince Georg	es Cou	nty Ur	pper	Mar	lboro					1 YES 2 D	[10
M	10s. STREET AND NUMBER		101. ZIP CODE				10g. CITIZEN OF			WHAT COUNTRY?			
FUNERAL	8116 Rosaryvi	12. WAS DECEDE	W. C. C. C. W. I.	20772 USA ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No									
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BY							whit	;e					
E	15. DECEDENT'S (Specify only highest	a. DECEOENT'S (Give kind of v	work done	CCUPATIO	N st of working	16b	KIND OF B	USINESS/INO	USTRY				
LET	Elementary/Secondary (0-12)	College (1-4 or 5	(1-4 or 5+) like. Do NOT use retired.) Attorney										
COMPL	17, FATHER'S NAME (First, Middle, Las	0		Attor	mey			State Government OTHER'S NAME (First, Middle, Maiden Sumame)					_
20 11	Andrew J. 0'Si	*								n Surname)			
<u>m</u>	19a. INFORMANT'S NAME (Type/Print)	VATT A COTT		19b. MAJLING	ADDRESS	S (Street =	ALTGE.	Golur	Dec. City or T	wn. State 7/n	Corin1		_
2	Andrew J. O'S	ıllivan					8, Fle					08822	
	20a METHOD OF DISPOSITION 1 Burlet 2 Cremation 3		20b.PL	ACE AND OATE	OF OISPOS	SITION /Na	me of	РАТ		OCATION —			
	4 Donation 5 Other (Specify)		Pro	spect I				, ,	15	Flen	ning	ton, New	J
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22.	NAME AN	D ADDRESS OF	MAD TO	mera	Home	28		
Gary L. Kaufman Funeral Homes 5695 Main St., Elkridge, Md.								1227					
Z	iMMEDIATE CAUSE (Final disesse or condition resulting in death)	or complications the use. List only one go	use on each	line.	not enter	tha mo	de of dying, s	uch as care	flec or rea	piratory arre	est,	Approxim Interval B Onset sn	letw
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

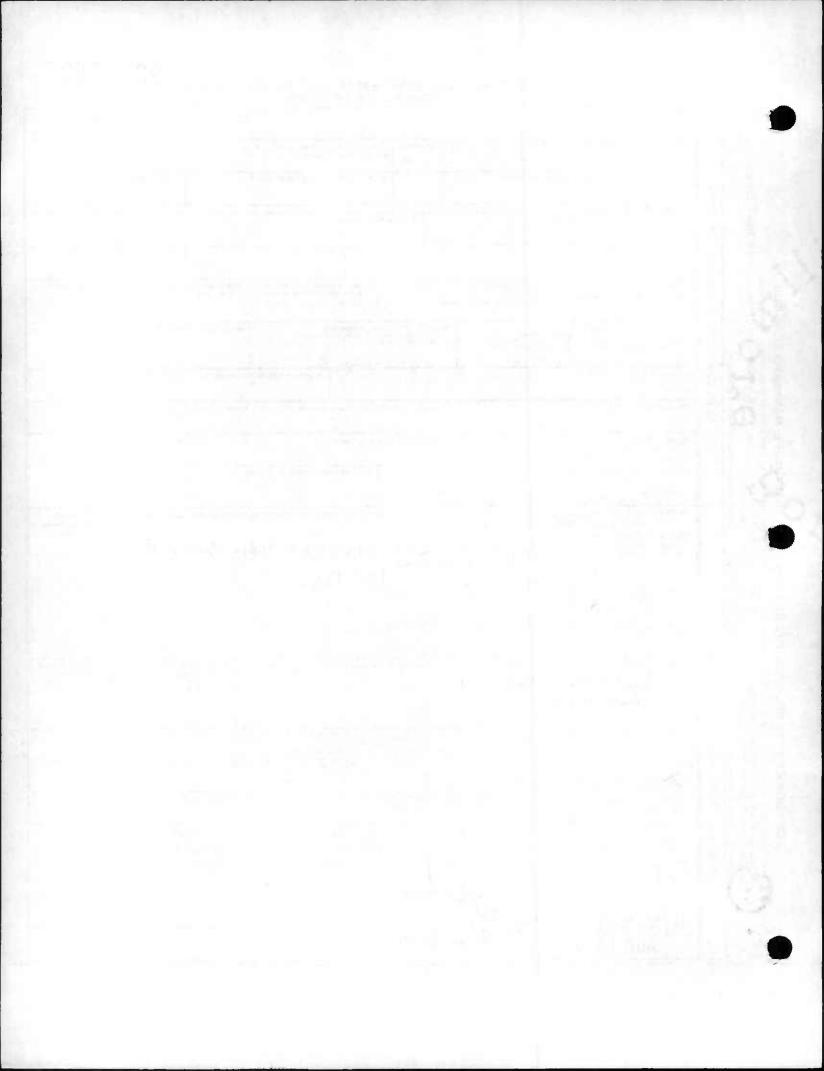


TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	er death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one.
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MAKO GO 31. DATE FILED (MONTH, Day, AUG 14 1992

32 AERISTRATS SIGNATURA PONDER

	92-4454-510						0.2	22536	
	1 - FOR STATE REGISTRAR	STATE OF MAR		TMENT OF H		MENTAL HYGIEN	E	22330	
	1. DECEDENT'S NAME (First, Middle, Last)		OLITIN			2 DATE OF DEATH		3. TIME OF DEATH	
	James R. 4. SOCIAL SECURITY NUMBER 5	SEX 6. AC		Overstr		08° 08°			
	212-42-7768	M 2 □ F	3E (In yrs. lest birthday) 48 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 - 24 - 44	W	SIRTHPLACE (State or Foreign Country) A	
TOR	9a. FACILITY NAME (If not institution, give street 808 Newington Ave. RESIDENCE OF DECEDENT			96. COUNTY OF DEATH Baltimore					
DIRECTOR	10e. STATE 10b. COUNTY				TION		10d.		
	10. STREET AND NUMBER 808 Newington Ave.				ZIP CODE		U.S.	1 ☑ YES 2 ☐ NO OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 12 1 Never Married 2 Married	P. WAS DECEDENT EVE FORCES? 1 YOUR STANDARD OF	ES 2 NO	13. WAS DEC	. RACE — American Indian, Black, White, atc. Specify:				
	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCAT	ION	16a, DECEDENT'S	USUAL OCCUPATION			Black KIND OF BUSINESS/INDUSTRY		
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+	(Give kind of ville. Do NOT us	vork done during mo ne retired.)	st of working	IOU. KIND OF BO	3/NE33/ND031	ni e	
	17. FATHER'S NAME (First, Middle, Last)		1 N-Ruy	10011		ME (First, Middle, Meiden	Surname)		
BE	Willie Obey 19a. INFORMANT'S NAME (Type/Print)		19b, MAJLING	ADDRESS (Street a		n Scott	m Steta Zin Cod	-1	
5	Kathryn Frazie		808 Newington Ave/Baltimore, MD 21217						
				CEANDOATE OF DISPOSITION (Name of Company) DATE Catonsville, MD					
	21. SIGNATURE OF FUNERAL SERVICE LICENS	104			MARCH		1 F.	NORTH AVE.	
	23. PART I. Enter the diseases, or com shock, or heart failure. List	plications that cause or	sed the deeth. Do n	enter the mo	de of dyling, suci	h as cardiac or respi	irstory errest,	Approximate Interval Setween	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ARTEKIOS	CLEROTIC	CARDI	OVASCU	LAR DIS	EASE	Onset and Daeth	
CERTIFICATION	disease or condition resulting in death) a. ARTEKIOSCUEROTIC CARD LOVASCULAR DISEASE Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST ARTEKIOSCUEROTIC CARD LOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.								
_	PART II. Other aignificant conditions o			n the underlying	cause given in			24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	ALCOHOLISM 1 VES 2 NO O						AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER								
HYSI	1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 286. DATE OF INJURY 286. TIME OF 286. INJURY AT 286. DESCRIBE HOW INJURY OCCURED								
BY	Netural 5 Pending (Month, Day, Year) Accident Investigation			M 1 YES 2 NO					
ETED	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPL	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.								
TO BE C	296 SIGNATURE AND TITLE OF CENTIFIES	elle	1 1		29c. LICENSE NUM	IBER	29d. DATE SIG	NED (Month, Day, Year)	
	MAK & GOLVE, JR. 111 Penn Street, Baltimore Maryland 21201								



IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The function and the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	removal.	dical examiner must be notified at once.	
he law requires that the death certificate be executed within 24 hours	has been signed by the attending physician and completely filled in	: Dept. of Health and Mental Hygiene prior to burial, cremation, or re	AND II Iem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
OSPITAL OR ATTENDING PHYSICIAN: Th	WEBAL DIRECTOR: After this certificate	win & hours after death with the State	ARD II Item 28 is marked, or iten	

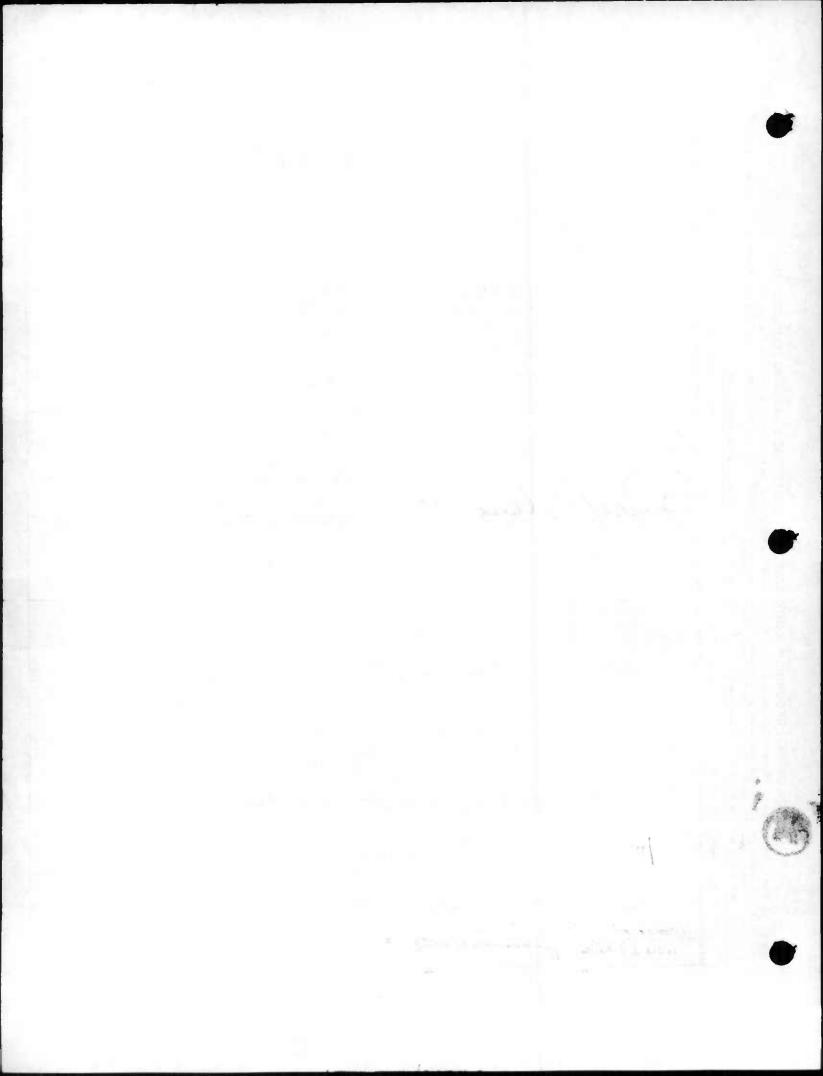
1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIEN REG. NO.	92	225	37
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	Y YEAR	3. TIME OF DE	EATN
Dorothy	Odle	08 11	1992	6:46	P.

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TORRESS OF The Harbor Foad Samatera, ad. Till. avie Balto. co. Cornelly iwnerwi dome of Jude 2110 Sollers Folia Rose. sicia

OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	PMSCANT The ser requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician, completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the same bear of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical examiner must be notified at once.
ON OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DIRECTORMS TO CONTROL THE SAME REPORTED BY THE Clearly confidence be executed within 24 no. THE FUNETAL DIRECTORMS TO COMPLETE SIGNED by the attending physician and completely filled be fined within 72, gours after death, with the Same Deer of Health and Mental Hygiene prior to burial, cremation, co	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

										92	22538
	1 - STATE REGISTRAR	STATE OF M	ARYLAND C	DEPAR	RTMENT OF	HEALTH F DEA	AND I	MENTAL HYGIE	NE	2 60	Con
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	0.		3. TIME OF DEATH
	WILLIAM	EDWIN	PRITCH	ARD				MONTH 8/7/92	DAY	YEAR	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. Is		IF UNDER 1 YEAR	IF UNDER	24 HRS	7. DATE OF BIRTH		La nunru	12:25 PW
	196-32-9186	1 🖵 M 2 🗆 F		YRS.	MONTHS DAYS	-	MIN.	(Month, Day, Year)		Countr	PLACE (State or Foreign y)
	9a. FACILITY NAME (If not institution, give a	25	51					8-19-194	-		nsylvania
œ	The state of the s	treet end number)			9b. CITY, TOWN	OR LOCATI	ON OF DE	EATH	9c. COI	UNTY OF D	EATH
2	623 Ross Drive Pasadena Anne Arundel Count										
DIRECTOR	10. STATE 10. COUNTY										
F .	Maryland Anne Arundel county Pasadena 1										10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Arunder C	ounty	I Pa	sadena	IOI. ZIP COD	_				1 YES 2 NO
FUNERAL	622 5 5 :					IUT. ZIP COD	E		10g. CI	TIZEN OF W	HAT COUNTRY?
N.	623 Ross Drive						1122		1	US	A
	1 Never Merried 2 X Merried	12. WAS DECEDENT FORCES? 1 [YES 2	RMED NO	13. WAS D	ECENDENT C specify Cube	OF HISPAN	IIC ORIGIN? (Specify)	es or No-	14. RACE Black	- American Indian, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	No	1 🗀 Y	S 2 NO	Specify	r.		Specif	ly:
	15. DECEDENT'S EDUC	CATION	140 DI		USUAL OCCUPA					1	White
	(Specify only highest grade	completed)	(0	Sive kind of a	work done during in se retired.)	nost of working	ng	16b. KIND OF B	USINESS/IN	DUSTRY	
PL	Elementary/Secondary (0-12)	College (1-4 or 5+)									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	- 6		<u> Peach</u>	er			Educa			
	- Participation of the state of	tands mad						ME (First, Middle, Maide	in Sumeme)		
띪	William Edwin I 19e. INFORMANT'S NAME (Type/Print)	ouis Pri						Schmoyer			
2								Route Number, City or To	wn, State, Zi	p Code)	
	Sandra Pritchard						asad		21122		
	1 Buriel 2 Cremation 3 Remo	oval from State	cemetery, cre		OF DISPOSITION (Verne of		DATE 20c. L	OCATION —	City or Tov	vn, State
	21. SIGNATURE OF RUNERAL BERVICE LIC	ensee or 7	7								
	84	Ronal	d Wade,		1	AND ADDRES		State			
1	23. ART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate										
	23. ART I. Enter the diseases, or cahock, or heart failure. I	omplications that	caused the de	eath. Do n	ot enter tha m	ode of dyl	ng, such	as cardiac or rea	piratory ar	rest,	Approximate
	IMMEDIATE CAUSE (Final	Liat Only One Caus	e on each mie								Interval Between Onset and Death
	disease or condition resulting in death)	Re	CTA	/	Can	COI	6	PTGT.	Tes		
	, southing in death)	DUE TO (C	OR AS A CONSE	QUENCE OF	7):			e Tasto			
z		.70	6,112	U	and	64	ua.	3			İ
일	Sequentisity list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSE	DUENCE OF	7:		7				
CA	CAUSE (Disease or Injury										
필	that initiated events	DUE TO (C	R AS A CONSE	QUENCE OF	7:						1
ERTIFICATION	resulting in death) LAST	J									
O	PART II. Other significant conditions	contributing to d	noth hut not a		- 45 - 4.4						
8		- contributing to a	estil DOL HOL I	eauting (n the underlyi	ng cause g	iven in F		N AUTOPSY		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								1 YES	2 NO		COMPLETION OF CAUSE OF DEATH?
Σ									•		1 TYES 2 NO
Ž											
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. I	LACE OF DE	ATH (Chec	ck only one)			
PHYSICIAN: MEDICAL	1 YES 2 XNO	1 Inpatient 2 I	R/Outpatient 3	□ DOA		ne 5 Res	sidence 8	3 ☐ Other (Specify)			
H	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF IN (Month, Day,		26b. TIME		JURY AT ORK?		26d. DESCRIBE HOW	INJURY OC	CURED	
à	2 Accident Investigation					YES 2	NO				
0 I	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At ho c. (Specify)	me, farm, a	treet, factory, offi	ce		26f. LOCATION (Street City or Town, Stets	and Number	or Rural Ro	ute Number,
	4 Homicide determined							ony or nown, orace	z		
	29e. CERTIFIER (Check only	IAN: To the best of m	y knowledge, de	ath occurre	d at the time, dat	e end plece,	end due to	o the cause(s) and me	nner ee stat	lad	
COMPLE	one) 2 MEDICAL EXAMINER	i: On the beele of exam	mination end/or i	riveatigation	n, in my opinion,	death occure	d at the ti	ime, date end place, e	nd due to th	ne ceuse(e)	end menner ee stated.
Č W	29b. SIGNATURE AND TITLE OF CERTIFIER	0					NSE NUME				
<u>ه</u> ا	June.	San Pot	1/2	MI	0	1 -		738	zed. DAT	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITES	4 27) /Time	Print)	12 2	-//	20		0/1	1/72
	DR. GORBATY				Glen B	ırnie	MD	21061			
	31. DATE FILED (MONTA P1992	A 22 PETSINAN			E .	×11116	, 1110	21001			
	HUG 14 1336	/	·	24	3						



1		-	STATE REGISTRA
	1.	O	ECEDENT'S N
1			TITO

	1 - STATE REGISTRAR	SIAIE UF I		CERTIF	ICAT	E OF	DEAT	TH		REG. NO.			
10	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH			. TIME OF DEATH
-0	VICTORIA	HELEN	QUIC	K					AUG	13		992	2:30 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)		R t YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH		BIRTHPL	ACE (State or Foreign
1	218-05-2155	1 🗌 M 2 💢 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	FEB	20 191	L7 N	Country)	
	9a. FACILITY NAME (If not institution, give s	,						ON OF DEA			9c. COUNT	Y OF DEA	TH .
DIRECTOR	834 WEST LOMBAR	D STREET			BA	ALTIM	ORE						
EC	10a. STATE 10b. COUNT	Y		10c. CIT	10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY								
E	MARYLAND		BALTIMORE							LIMITS?			
A	10s. STREET AND NUMBER				10f. ZIP CODE								AT COUNTRY?
FUNERAL	834 WEST LOMBA				212	201			USA				
	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDEN FORCES? 1	T EVER IN U	J.S. ARMED	13.			OF HISPANIC		(Specify Yes	or No- 1	4. RACE -	- American Indian, Whits, etc.
<u>a</u>	3 Widowed 4 Divorced	IF YES, GIVE W				1 TES	2 (XNO	Specify:		neers errory		Specify:	
0	15. DECEDENT'S EDU	JCATION	1	6e. DECEDENT'S	USUAL (OCCUPATIO	DN .		16b. I	(IND OF BUS	INESS/INDU	RTRY	WILLE
	(Specify only highest grade Elementary/Secondary (9-12)	completed) College (1-4 or 5 d	+)	(Give kind of a life. Do NOT us	work done se retired.)	during mo	st of working	ng					
COMPL	12TH			SECRETA	ARY				CI	HURCH			
3	17. FATHER'S NAME (First, Middle, Lest)								E (First, Mi	ddle, Maiden l	Surname)		
BE	VINCENT ALEKSA 190. INFORMANT'S NAME (Type/Print)			1			MAR			JLAVAC			
2	MILTON L. OUICK			196. MAILING						, City or Town		212	001
	20a. METHOD OF DISPOSITION		20b. P		_	_		51,	_				
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, State 20c. LOCATION — City or To												
1	22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC.												
	1/1/1	1	-/-							E, IN BALTI		MD	21220
	23. PART J. Enter the diseasea, or	eomplications the	it caused ti	he death. Do r									Approximate
4	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one ceu	use on aac	th line.	1	2		_			ottory and		interval Between Onset and Death
	disease or condition resulting in death)	. M.	etus	fatic	tre Bruit Cances								10 yrs
	Tooling in country			ONSEQUENCE O									1
S	Sequentially list conditions,	b	'00 40 4 A										
HIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE IV	(UH AS A W	ONSEQUENCE O	F):								
1	CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A C	ONSEQUENCE O	F):								
F	resulting in death) LAST	d											
3	PART II. Other significant condition	na contributing to	death but	not resulting	In the u	oderlying	COURS C	viven in P	lage I	Ha. WAS AN	A I TODGY	T 245 W	TOT ALTERNATION
3		em entia		not recently	W W. C.		Caree A	Jiven m		PERFOR	MED?	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE
MED			-		-				-	1 YE\$ 2	□ NO	0	F DEATH?
									-			'	YES 2 NO
PH TSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Chec	ck only one)				
2	1 TES 2 NO	HOSPITAL:	☐ ER/Outpati	ent 3 🗆 DOA	OTHE 4 Nu	R: Irsing Hom	5 KR.	sidence 6	☐ Other (Specify)			
	27. MANNER OF DEATH			28b. TIM		28c. INJ			28d. DESC	RIBE HOW IN	JURY OCCU	RED	
<u> </u>	A Marinet E Doubles	28e. DATE OF (Month, D	lay, Year)	1176	INJURY WORK? M 1 TYES 2 NO								
1	1 Natural 5 Pending 2 Accident Investigation	(Month, D			М			177					
ED BY	- · · · · · · · · · · · · · · · · · · ·	(Month, Di		- At home, farm,	M street, fac			177	281. LOCAT City or	TON (Street at Town, State)	nd Number or	Rural Rou	de Number,
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	OF INJURY — etc. (Specify)	At home, ferm, i		ctory, office			City or	Town, State)			rte Number,
MPLEIEU BY	2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	(Month, D. 28e. PLACE O building,	OF INJURY — etc. (Specify)	At home, farm,	ed at the	time, date	and place,	, and due to	Offy or	Town, State)	ner as stated		
COMPLETED BY	2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	(Month, D 28e. PLACE O building, HCIAN: To the best of ex	OF INJURY — etc. (Specify)	At home, farm,	ed at the	time, date	and place,	, and due to	o the cause	Town, State)	ner as stated	csuse(s) s	nd manner as stated.
DE COMPLETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	(Month, D 28e. PLACE O building, HCIAN: To the best of ex	OF INJURY — etc. (Specify)	At home, farm,	ed at the	time, date	and place, eath occur	, and due to	o the cause ime, dete a	Town, State)	ner as stated	csuse(s) s	
COMPLETED BY	2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28e. PLACE O building.	OF INJURY — etc. (Specify) I my knowled	At home, farm, i	ed at the	time, date	and place, eath occur	, and due to	o the cause ime, dete a	Town, State)	ner as stated	csuse(s) s	nd manner as stated.
DE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONLY CHECK ONL	28e. PLACE O building, IICIAN: To the best of eter. On the basis of eter.	OF INJURY — etc. (Specify) I my knowled examination e	At home, farm, i	on, in my	time, date	and place, eath occur	, and due to	o the cause ime, dete a	Town, State)	ner as stated	csuse(s) s	nd manner as stated.

AUG 14 1992



DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proper filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Acres who thank lands The contest that come aftern

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

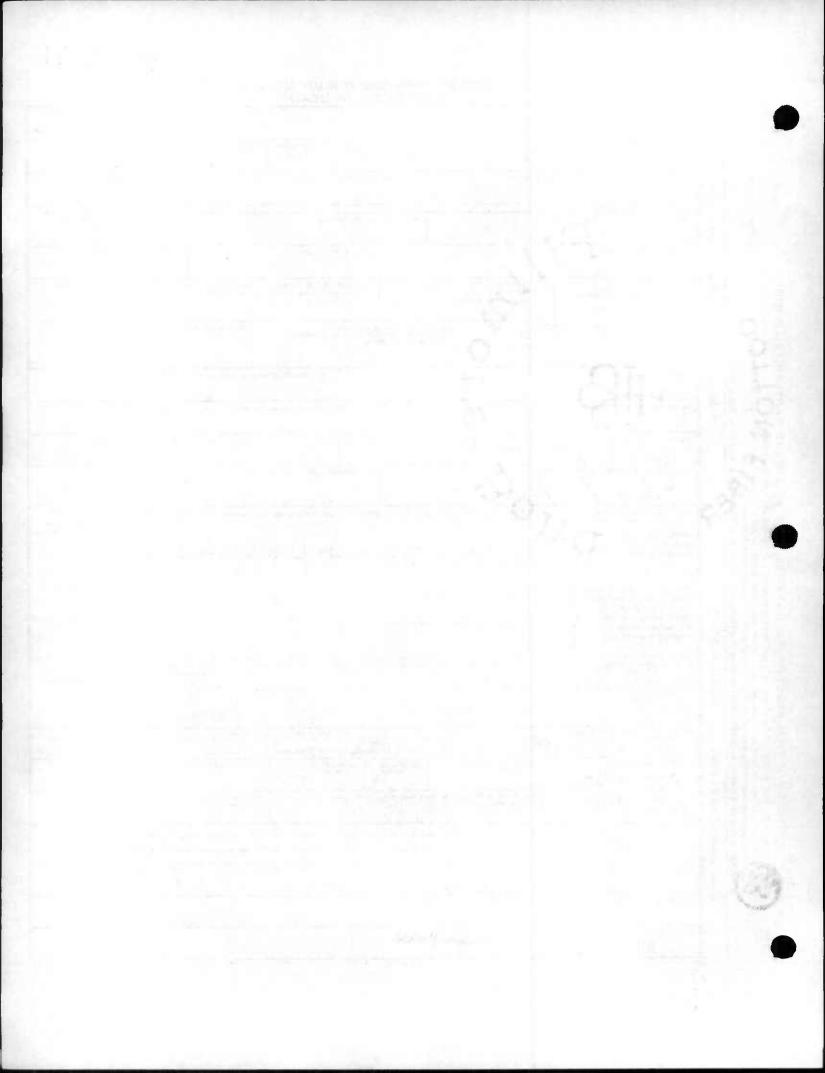
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FOR 1 - STATE REGISTRAR		STATE OF MA			MENT OF H		MENTA	HYGIEN	E				
1. DECEDENT'S NAME (First, I	Aiddle, Last)				# LI U.	D 27 (111)		OF DEATH		3.	TIME OF	DEATH	
Mary France	s Oui	llen					ALLO	ust 11		EAR _	7:45	р	м
4, SOCIAL SECURITY NUMBER			AGE (In yrs. la		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPL		_	ın
218-24-4445			63	YRS.	ONTHS DAYS	HOURS MIN.	Mar	ch 25,	1929				
90. FACILITY NAME (If not inst				9	,	OR LOCATION OF D	EATH		9c. COUNTY	OF DEAT	Н		
11143 Grays	DENT	er Road			Berlin				Worc	este			
	10b. COUNTY			10c. CITY, 1	TOWN OR LOCA	TION				10-	d, INSIDE	CITY	
MD	Worce	ester		Berl								2 × NO)
10e. STREET AND NUMBER					10	, ZIP CODE			10g. CITIZEI	OF WHA	T COUNT	AY?	
11143 Gray						1811			USA				
11. MARITAL STATUS 1 Never Merried 2 X h		12. WAS DECEDENT E FORCES? 1			13. WAS DEC	ENDENT OF HISPA ecify Cuban, Mexico	NIC ORIGIN an, Puerto I	l? (Specify Yea Rican, etc.)	or No — 14	RACE — Black, W	Americes hite, atc.	Indien,	
3 Widowed 4 Divorce		IF YES, GIVE WAR	OR DATES		1 TYES	2 NO Specif	fy:			Specify:	Whi	te	
15. DECE	DENT'S EDUC	ATION	16e. D	FCEDENT'S US	UAL OCCUPATI	ON	16h	. KIND OF BUS	INFSS/INDUS				
(Specify only Elementary/Secondary (0-	highest grade c	College (1-4 or 5+)	(0		k done during me								
8	*)	College (I-4 or 5+)	Ch	amber	Maid		Н	otel					
17. FATHER'S NAME (First, Mid	die, Lest)			.am.oci	mara	16. MOTHER'S NA			Sumame)				
Alfred Hud	son					Sarah J	ane	Hadde	r				
19e. INFORMANT'S NAME (Ty)			11	b. MAILING A	DDRESS (Street	and Number or Rural				ode)			
Raymond Jo	seph	Quillen	1	1143 (Grave (Corner F	Soad	Rorli	n Ma		101	1	
20a. METHOD OF DISPOSITIO	IN .	Committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the commit	20b. PLACE	OF DISPOSIT		metery, crematory or			CATION - CIT				
1 Surial 2 Cremation 4 Donation 6 Other		ral from State	Ever	areen	Cemet	erv		Bei	din, A	۸d.			
21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE.			22. NAME A	ND ADDRESS OF FA						C.	
N. Ja	1/2	male			Berli	age Fun n, Md.	218	Home,	100	VV 11112	IIIIS	Σί.	
23. PART I, Enter the dis	easea, Dr co	omplications that c	aused the d	eath. Do no	t enter the me	de of dying, au	ch aa can	diac or reapi	retory arrea	t,	Appr	oximate	
IMMEDIATE CAUSE (Fina		iat Dnly one cause	on each iin	€,								val Betw et and D	
disease or condition resulting in death)		Cardi	سعده	nina	tion	arre	J						
resulting in death)		DUE TO (OI	R AS A CONSI	QUENCE OF):	7								
	, b	lun	a Ca	nces									
Sequentially list condition if any, leading to immed	ate	DUE TO (O	S A CONSI	OUENCE OF):									
ceuse. Enter UNDERLYIN		,									<u> </u>		
that initiated events resulting in deeth) LAST		DUE TO (OI	R AS A CONSE	EOUENCE OF):									
reading in deetily EAST	d.										i		
PART il. Other aignificar	t conditions	contributing to de	eth but not	reaulting in	the underlylr	g ceuae given ir	n Part i.	24s. WAS AN				PSY FIND	
COPD								PERFOR		CC	MPLETIO	PRIOR TO N DF CAU	
								1 TYES 2	□ NO		DEATH?	2 🗆 🗝	
							_			Ι΄	1E3	2 NO	
25. WAS CASE REFERRED TO	MEDICAL				26. P	LACE OF DEATH (C	hack only o	ne)					
EXAMINER?		HOSPITAL:	B10-4-41-4		OTHER:								
27. MANNER OF DEATH		1 Inpatient 2 E		26b. TIME		ne 5 Residence	_	SCRIBE HOW I	NJURY OCCU	RED			_
1 Dertini 5 - F	ending	(Month, Day,	Year)	INJUI	RY W	ORK? YES 2 NO	200. DE	JOHEL HOW I	Noon occo	THE D			
2 Accident	rveatigation	266. PLACE OF I	N II IDV — A+ +	ome form etc			284 1 04	CATION (Street	and Milmhar as	Dural Day	to Mirosho		_
	could not be atermined	building, at		ronne, nectri, sect	eet, sactory, om		City	or Town, State)	eria realinber (e	ribrai rioo	ie ivanice	,	
29e. CERTIFIER 1 CERTI	FYING PHYSIC	CIAN: To the best of my	knowledge	leath occurred	at the time does	and place and 4.	in to the co	usala) and ma	oner an state d				
CONSOR ONLY		R: On the basis of exam									nd menne	er ee stele	ed.
				engenolly	y epinion,			p-ace, e					
296. SIGNATURE AND TITLE	OF CERTIFIER	400				29c. LICENSE NU	JMBER		29d. DATE I	SIGNED (M	onth, Day	(Yber)	
AN MARK THE CONTROL	nenecol	WOD.	OF DT-17:		2.6.41	D31	57	4	8	/12/	92		
30. NAME AND ADDRESS OF	Bruce	(A a D				C. Blud	B	onlin	ms	0	181	,	
A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH						L. WILD V				- American	(0,1		
31. DATE FILED (Month, Day,		32. REGISTRAR			DIA O.	2. 000	. /0	Crin	1.0		(0)		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

PEPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be not after death with the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal.	With Ham 28 is marked on theme and bitimy or other trainmelle areast the mediting arounding more he marked on the
N: The la	State Des	Ham 2
HYSICIA	his certil	'na ber
DING PI	After th	e mark
ATTEN	RECTOR:	28 i
TAL OR	AL DIF	If Har
8	NER Oil	-

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / 0 CEF	EPARTI	MENT OF	HEALTH A	ND MENT	AL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) PEART	PEARLIE	MAE	НАТС		EED	MO	TE OF DEATH	MY YE	3. TIME OF DEATH 22 7:52 A. A
	4. SOCIAL SECURITY NUMBER 218-01-8920	1 - M 2 X F 7 (E (in yrs. last bi 6	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24	HRS. 7. DA	TE OF BIRTH (HICK) 1 - 2 - 1 5	8.1	BIRTHPLACE (State or Foreign Country)
CTOR	30. FACILITY NAME (If not institution, give of 313 S.BETHEL STR RESIDENCE OF DECEDENT				BALTIM				Sc. COUNTY	OF DEATH
L DIRECTOR	10s. STATE 10s. COUNTY M D 10s. STREET AND NUMBER	MD								10d. INSIDE CITY LIMITS? 1 (X) YES 2 NO
FUNERAL	313 S. Bethel					21231			U	S . A .
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12, WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 XNO	D	If yes, s	CENDENT OF P Secilly Cuban, I 3 2 X NO	Mexican, Puer	GIN? (Specify Ye to Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: a C K
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 7 th	CATION completed) College (1-4 or 5+)	(Give I	Mplo	WAL OCCUPATION of the done during metired.)	ON ost of working	1	66. KIND OF BU	SINESS/INDUST	RY
BE COM	17. FATHER'S NAME (First, Middle, Last) Braxter Gregg	прто	yeu	18. мотнея		t, Middle, Meiden	Sumame)			
TO E	190. INFORMANT'S NAME (Type/Print) Ellis Reynold	Reed	196. M						e. MD	21231
	20a. METHOD OF DISPOSITION 1/\(\bigcap\) Burlel 2 \(\bigcap\) Cremation 3 \(\bigcap\) Remote 4 \(\bigcap\) Donation 5 \(\bigcap\) Other (Specify)	ob. PLACE AND Amelery, gremat a TTT	DATE OF I	DISPOSITION (N	ame of		ATE 20c. LC	CATION — City	or Town, State	
,	21. SIGNATURE OF FUNERAL SERVICE LIC	Kapren				NO ADDRESS		н./11	01 F.	NORTH AVE.
	23. PART I. Enter the diseases, or cashock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Hypertens	eech line.	ther	enter the me	ode of dying	, auch as ci	ardiac or resp	Disease	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
4	PART II. Other algoriticant condition Diaberts	e contributing to death melli tus	but not reau	iiting in 1	the underlyln	g cause give	en in Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL								ection	1 TYES 2 ND
SICI	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Out	tpatient 3 🗆		26, P THER:	LACE OF OEAT				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		8b. TIME O	F 28c. IN.		28d. D		NJURY OCCURE	EO
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number,								ural Route Number,
COMPLET		CIAN: To the best of my known R: On the basis of exemination								use(e) and manner so stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1111	m)			O.C.M				NEO (Month, Day, Year)
2	30. NAME AND ADDRESS DF PERSON WHO							TIMORE		AND 21201
	31. DATE FILEO (Month, Day, Year) ALLG 1 4 1992	32. REGISTRAPES SIGN	NATURE PONC							



permit. Pages 1, 2, 3 should

use as the burial-transit

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mple	Cree	even
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endir	F	50
e att	lenta	ELY.
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Sign	Hea	SW0
beer	t. of	ä
has	Deb	23
cate	State	Te le
Sertifi	the	0
this c	With	ked
fter	eath	E
H: A	Thours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ECT	IS at	п 2
DIR	hou	Her
3	25	=

PHYSICIAN: MEDICAL

BY

BE COMPLETED

2

Sequentially list conditions,

92 22542 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR DOROTHY ANN RHODES 8 1992 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 - M 2 - F DAYS HOURS 137-14-4665 9-11-1915 BALTIMORE 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR BELAIR CONVALESSARIUM 6116 BELAIR RD. BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6116 BELAIR ROAD 21206 USA. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 ND Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES В Specify: 3 🕅 Widowed 4 🗌 Divorced BLACK 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) COOK 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) JAMES HARVEY BLACKWELL CATHERINE OWEN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3614 MOHAWK AVENUE, BALTIMORE, MD. 21207 SHIRLEY PAGE 20a. METHOD OF DISPOSITION
1 🖾 Burlel 2 🗆 Cremation 3 🗎 Removal Irom State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION --- City or Town, State KING MEMORIAL PARK 4 Donation 5 Other (Specify) WOODLAWN, MARYLAND 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST. BALTO. MD. 21223; P.O.BOX 4433 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CERTIFICATION

cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CDUE TO (DR AS A CONSEQUENCE C	DF):		
PART II. Other significant condition DEM	ns contributing to death but not resulting	in the undarlying cause given in Part I.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AIRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
25. WAS CASE REFERRED TO MEDICAL		28. PLACE DF DEATH (Check only of	ne)	
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA	OTHER:		

27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUPED. 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 3 Suicide a Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

29a, CERTIFIER 1 CERTIFYING PHYSICIAN; To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

DUE TO (OR AS A CONSEQUENCE OF):

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

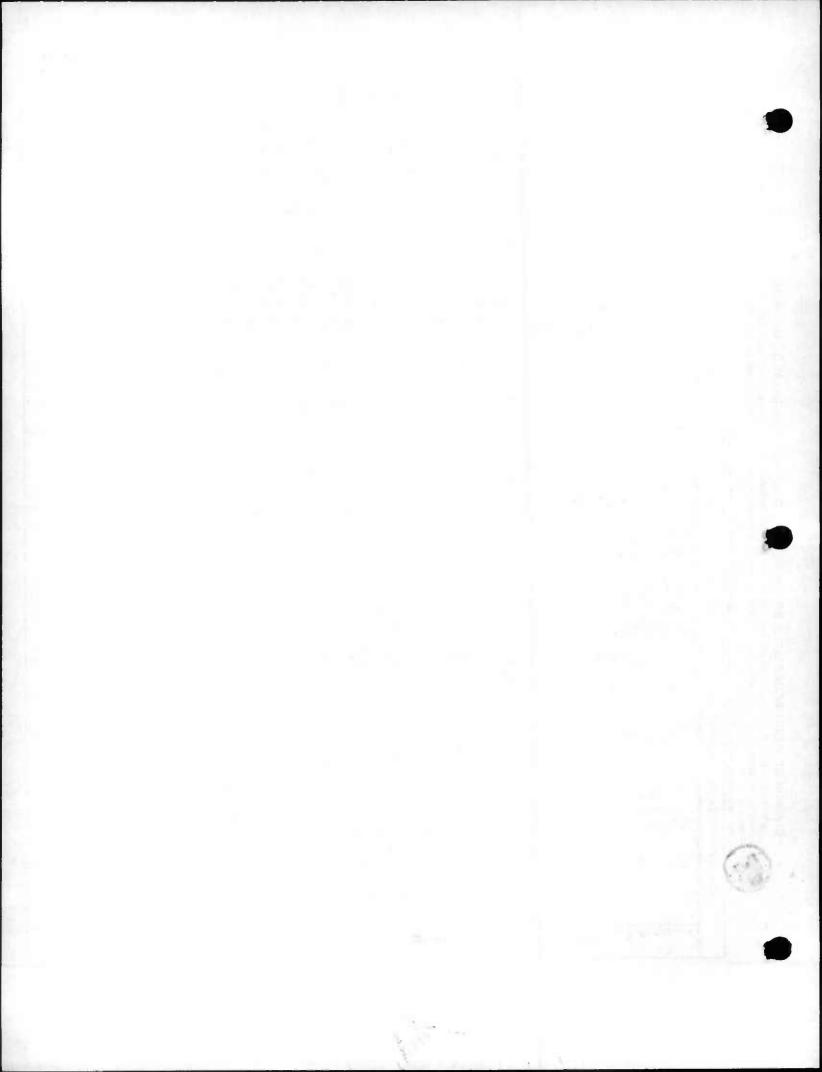
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DAJE LU BOYMONT DON 949 2

21214

29d. DATE SIGNED (Month/ Day, Year)

DHMH-16 Rev 1/89

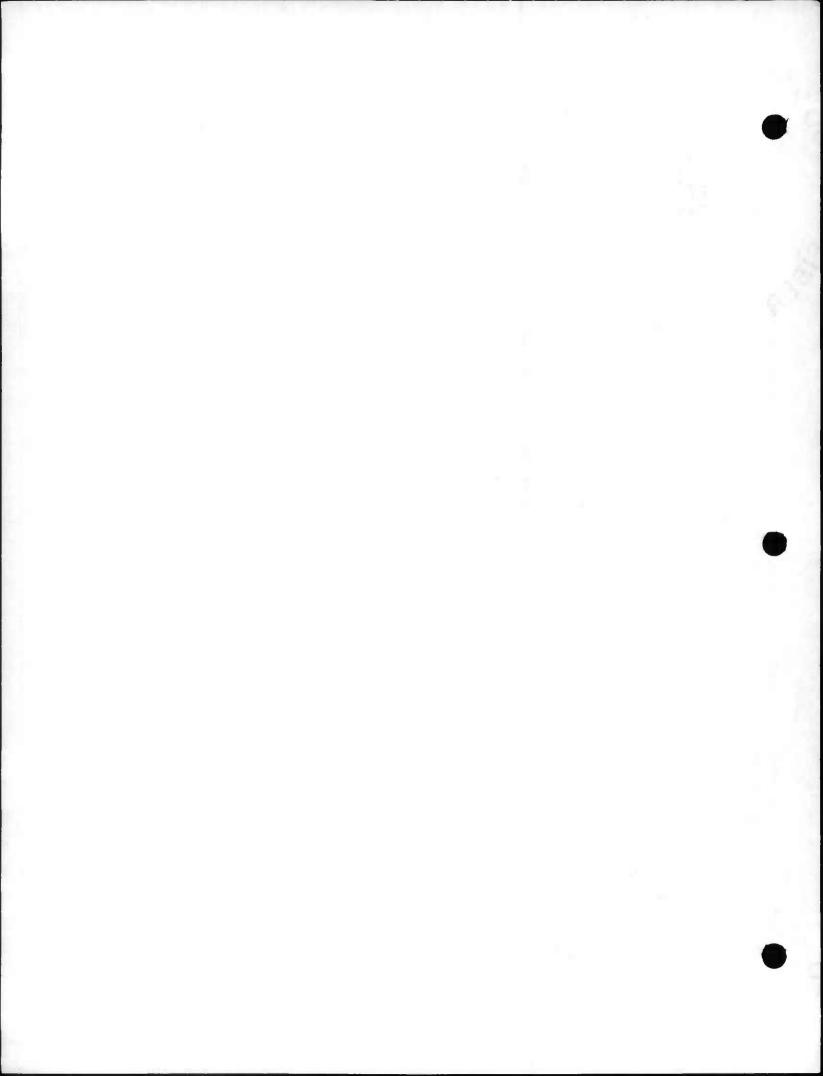


	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEAT	ГН	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I	DEATH		YEAR	3, TIME OF DEATH
	WILLIAM	HOWARD	ROEHNE	R			AUG	13		992	9:15 A M
	4. SOCIAL SECURITY NUMBER	10.4	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF E (Month, Day	MRTH v. Ward		8. BIRTI- Count	IPLACE (State or Foreign
1	216-07-6381	1 XM 2 □ F 86	YRS.	MONTHS DATE	noons	more,	JAN 2		1906		RYLAND
~	9a. FACILITY NAME (If not institution, give at			96. CITY, TOWN	OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	DEATH
DIRECTOR	1233 LINDEN AVEN	UE		ARBU	TUS					BALT	IMORE
E C	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOC	ATION					-	10d. INSIDE CITY
Pi	MARYLAND BALT	RBUTUS							LIMITS?		
AL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT									WHAT COUNTRY?	
FUNERAL	1233 LINDEN AVEN	UE			2122	7			USA	A	
2	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER FORCES? 1 YES					HC ORIGIN? (S _I		or No-	14. RACI	E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 🗆 YE	S 2 X NO	Specify	/:	, ••••		Spec	
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUPAT	ION		165 KIN	O OE BUS	SINESS/INI	DISTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		work done during n		g	Took raise	0 01 000	MVL39/IN	DOSTAL	
귤	8TH		INSTALI	ER			EI	EVA	COR 1	MFGT	•
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	IER'S NA	ME (First, Middle	s, Maiden	Sumame)		
BE	WILLIAM DANIEL	ROEHNER				NIE	WILHE		,		OWN)
2	194. INFORMANT'S NAME (Type/Print) IRENE M. ROEHNER			ADORESS (Street LINDEN A					n, State, Zi		
	209. METHOD OF DISPOSITION		0b. PLACE AND DATE			ALLI	DATE DATE				12 AUS
	1 Burial 2 Cremation 3 Remo		EDAR HILI				1			City or To	RK, MD
- 9	21. SIGNATURE OF FUNERAL SERVICE LIG			22. NAME	ND ADDRES		CILITY				dty 110
	· M. You	Offen					AL HOM AVE, E			· MD	21229
	23. PART I. Enter the diseases, or c	omplications that cous	ed the death. Do								Approximate
	shock, or heart felfure. I	List only one cause on	eech line.					37 10320			Interval Between Onset and Death
	disease or condition resulting in death) a. Respiratory For(une									Houmo	
NO	Sequentially list conditions,	, COPD	and a	mestive	Heurst	FWI	me				YR5
ATI	If any, leading to immediate cause. Enter UNDERLYING The stand of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standar									YRS	
Ē	CAUSE (Disease or injury that initiated events	DUE TO (DR AS	A CONSEQUENCE O	F):	() T	MANA	1000 11	01111	V		[10]
CERTIFICATION	resulting in death) LAST	Attens	Schulle .	Carenar	a And	My 3	in June				Your
	PART II. Other algorificant conditions	s contributing to death	but not resulting	In the underlyle	U	U			AUTOPSY	24b	WERE AUTOPSY FINDINGS
DICAL	Glarcoma							PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
MED	Remove within	nin					_ ' '	J TES 2	₩U		OF DEATH?
	Resmont	1 / . 3	nombraso	- In.	Ulmas	wn	month	1,			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF D	EATH (Ch	eck only one)	-			
YSI	1 - YES 2 NO	1 Inpatient 2 ER/Ou	tpetient 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 Defe	sidence	6 Other (Sp	ectfy)			
표	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)			JURY AT ORK?		28d. DESCRIE	BE HOW I	NJURY OC	CURED	
B	2 Accident Investigation	N ACE OF IN HE	(1/0		YES 2] NO					
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	egify)	street, rectory, on	Ce		City or To		nd Numbe	r or Flural F	Route Number,
9	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the heat of my hea	//4		e training		and their				
COMPLET		CIAN: To the best of my kno R: On the bests of examinat									and manner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICE						(Month, Day, Year)
) BE	Mymy	Kaylor MD			702	75	56		•	9/13	92
5	30. NAME AND ADDRESS OF PERSON WHO				100	-				7 1 6	1
	DR. GREGORY TAYL		WILKENS	AVE, SU	ITE 2	06,	BALTIM	ORE,	MD	21	228
	31. DATE FILED (Month, Dey, Year)	1 4 1992	Julia Davido	- Randal	2						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

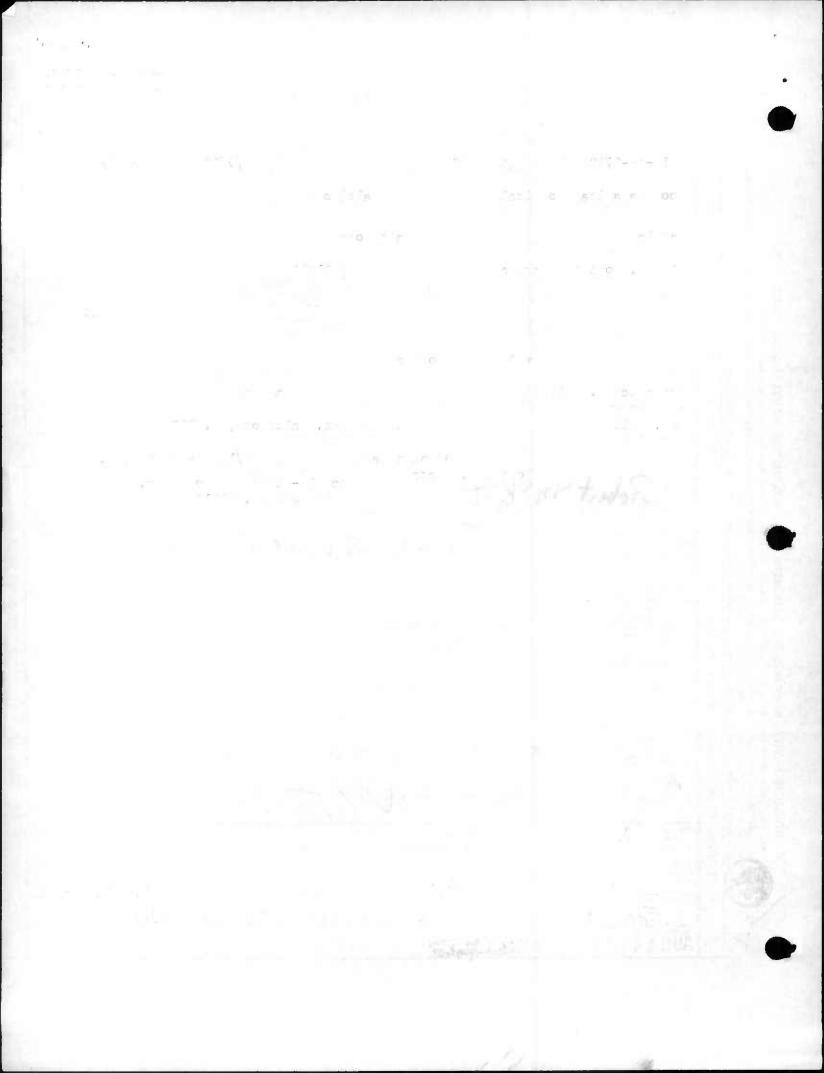
DHMH-16 Rev 1/89



SEPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. WEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should pin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. WE If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

92 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA	MENT OF H	EALTH AND MEI	NTAL HYGIEN	E 92	22544	
	1. DECEDENT'S NAME (First, Migdle, Leet)	ADELINE MELI	S ROCHE		2.	DATE OF DEATH MONTH DA		3. TIME OF DEATH 2 40 PM	
	4. SOCIAL SECURITY NUMBER 216-46-9739 98. FACILITY NAME (If not institution, give a	5. SEX 6. AGE (1 1 M 2 F 92	BIRTHPLACE (State or Foreign Country) aryland						
DIRECTOR	Good Samaritan Ho	Statute States.		Baltimo	PR LOCATION OF DEATH		9c. COUNTY	OF DEATH	
- DIRE	Maryland 106. COUNT	Y		imore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	206 E. Northern	Parkway 12. WAS DECEDENT EVER IN		101.	A.				
B	1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 NO				RIGIN? (Specify Yea serio Ricen, etc.)		RACE — American Indian, Black, Whita, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mos etired.)	N st of working	16b. KIND OF BUS			
OMP	17. FATHER'S NAME (First, Middle, Lesi)	+ 2	Homemake	r	18. MOTHER'S NAME (First Middle Meiden	Sumamal		
BE C	Frederick W. Meli	is				eissner	JOI MILITARY		
9	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING AD	DRESS (Street an	nd Number or Rural Route	Number, City or Town	, State, Zip Cod	(e)	
	Mrs. Melis Edel	1 2			Baltimo				
	1 Surfat 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	com State	etery, cremetory or other or aine P	ark		8/15 Bal	ltimore		
	21. SIGNATURE OF FUNERAL SERVICE LIC	n. Krah		Mitch 650	p address of facilit nell-Wiede: 00 York Rd	feld Home			
	23. PART I. Enter the diseeses, or shock, or heart failure.	complications that caused List only one cause of the	the death. Do not sch line.	anter the mod	de of dying, auch aa	cerdiec or reapir	ratory arrest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due to (of As A consequence of): Due to (of As A consequence of): Onset and Death Onset and Death								
NOL	Sequentially list conditions, if any, leading to immediate	b	CONSEQUENCE OF):						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Discess or Injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A	CONSEQUENCE OF):						
CER		d							
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	ing contributing to death b	ut not reaulting in t	he underlying	cause given in Part	1. 24a. WAS AN A PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Check o	nly one)			
IXSI	1 TYES 2 NO 27. MANNER OF CEATH	1 npetient 2 ER/Outp.	etient 3 DOA 4		5 Residence 8 -				
ВУ РЬ	1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	w/	107	I. DEŞCRIBE HOW IN	JURY OCCURE	D	
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Spec	— At home, term	factory fattice	7 281.	LOCATION (Street as City or Town, State)	nd Number or Ri	ural Route Number,	
COMPLETED		ICIAN: To the best of my knowless: On the basis of examination						use(a) and menner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIES	1	M.D.		29c. LICENSE NUMBER		29d. DATE SIG	NEO (Month, Day, Year)	
	JOHN ADD	0, Good	SAMI		AN HOS	P. OF	mo	. INC.	
	AUG 14 1992	32. REGISTRAR'S SIGNA	ATURE						



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		Outile Of		CE	RTIF	CATE	E OF	DEA	TH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	REG.	NO.				
. DECEDENT'S NAME (First	, Middle, Last)			_	0)						ATE OF DEATI	DAY	YEAR	3. TIMI	E OF DEATH	
161.		John l	-eo	Renn	er						38	12	92	1	1:05	р. м
SOCIAL SECURITY NUM	BER	5. SEX	6. AGE	(In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. D/	TE OF BIRTH		6. BIRT Coun	HPLACE	(State or Foreig	gn
479-16-6442	2	1 № M 2 🗆 F	71		YRS.	MONTHS	DAYS	HOURS	MIN.		26-192			-	akota	
. FACILITY NAME (# not in		street and number)				9b. CITY	, TOWN	OR LOCAT	IDN OF DE	1 -	20 27.		OUNTY DE		- dito ed	
Baltimore (County	General	Hos	pital		Ra	anda	allst	own			Ва	ltimo	re C	County	
a. STATE	10b. COUNT	ΓY			10c. CITY	, TOWN	OR LOC	ATION							ISIDE CITY	
Maryland	Balt	imore Co			Ran	dal]	Lsto	own							MITS?	5
e. STREET AND NUMBER							_	Of. ZIP COD	Œ		-	10g. C	TIZEN OF	WHAT CO	OUNTRY?	
3822 Cherry	hrook	DA						21	133			USA	٨			
. MARITAL STATUS	DIOOR	12. WAS DECEDE	NT EVER	N U.S. ARN	AED	13.	WAS DE			NIC OR	IGIN? (Specify		- 14. BAC		erican Indian,	
☐ Never Married 2次	Married	FORCES? IF YES, GIVE			0		If yes, s		en, Mexica	in, Pue	rto Rican, etc.		Spec	k, White,	atc.	
☐ Widowed 4 ☐ Dive	orced	1 123, 0172	war on a					S I ZNO	эрвон	y.			J.		nite	
15. DEC	EDENT'S ED	UCATION		16a. DEC	EDENTS	USUAL O	CCUPAT	TION		T	16b. KINO OF	BUSINESS/	INOUSTRY			
Elementary/Secondary (ly highest grad 0-12)	College (1-4 or 5	+)	life.	Do NOT us	ork done retired.)	aunng n	nost of work	ing							
,	,	7 years	,	Ana	lyst						Socia:	LSecu	ırity	Adm	ninist	rat
FATHER'S NAME (First, A	Aiddle, Last)				J	-		16. MO	HER'S NA	_	st, Middle, Me					
John Mari	tin Re	nner						Se	reph	ine			Maye	r		
a. INFORMANT'S NAME (19h	MAILING	ADDRES	S (Street			_	lumber, City or	Town. State				
Henrietta H											andal:			2113	13	
METHOD OF DISPOSIT		·	1 20			-		emetery, cre		u K		LOCATION				
∆ Buriel 2 Cremeti-	on 3 ∐ Rar	movel from State	20	other pla	ce)					D						
□ Donation 5 □ Othe		ICENERE			Lake			1emor				/kesv	ııre,	MD	21784	
0.1	AL SERVICE L	A									eral I)ireci	ors.	TNC	1.	
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Sequentielly liet condi- if any, leading to immo cause. Enter UNDERLY CAUSE (Disease or inj- thet initiated events resulting in death) LAS	riNG ury	е	1.5152	A CONSEQ	12.02											
PART II, Other eignific	thul	ons contributing to	1	(act	M	es				Part	PE	S AN AUTOP: RFORMED?		COMPL OF DE	AUTOPSY FINE ABLE PRIOR TO LETION OF CAU ATH? YES 2 NO	USE
5. WAS CASE REFERRED 'EXAMINER?	TO MEDICAL	HOSPITAL:			T	OTHE		PLACE OF	DEATH (C	heck on	ly one)					
1 YES 2 NO		1 Inpatient 2	☐ ER/Out	tpatient 3	□ DOA			ome 5 🗆 1	Residence	6 🗆 (Other (Specify,					
7. MANNER OF DEATH		26s. DATE ((Month,	Day, Year)		26b. TIM	E OF URY		NJURY AT WORK?		28d.	DESCRIBE H	OW INJURY	OCCURED			
1 Netural 5 2 Accident	Pending Investigation					М		YES 2	□ NO							
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O. NAME AND ADDRESS OF		TALIB				Print)	ent	y C	seve	ras	2 H	Ospi	tel	2		
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TO BE COMPLETED BY FUNERAL DIRECTOR

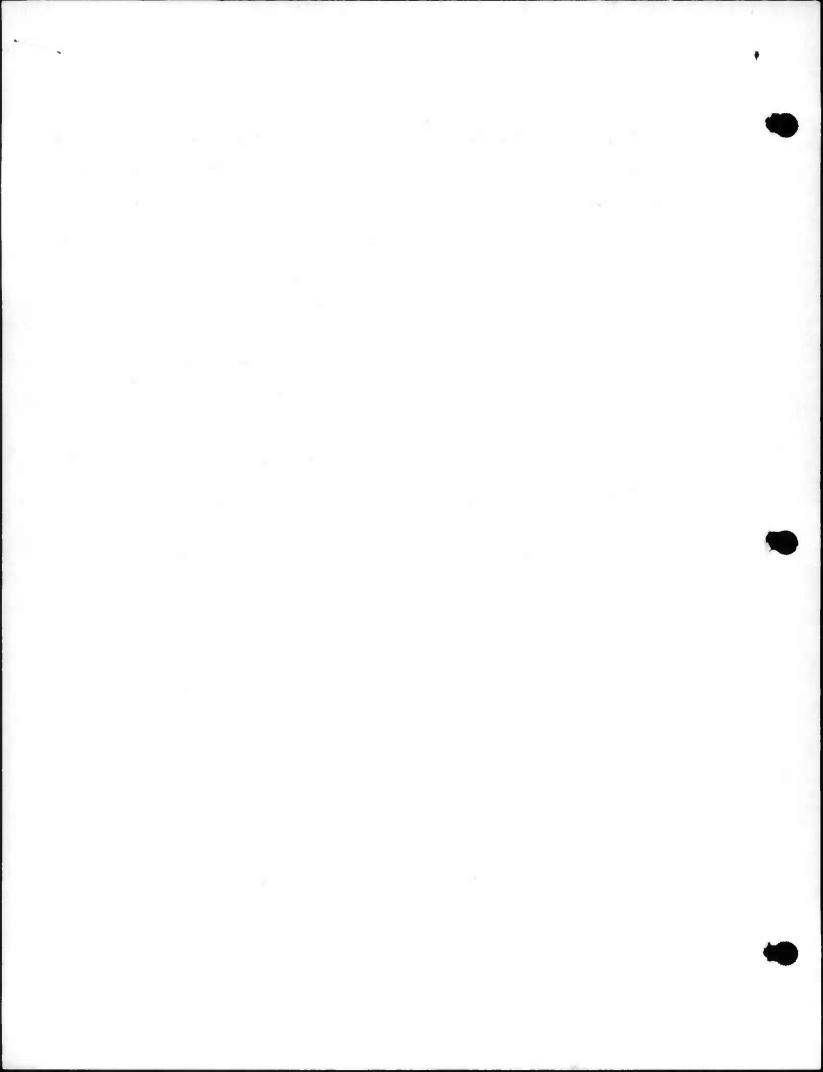
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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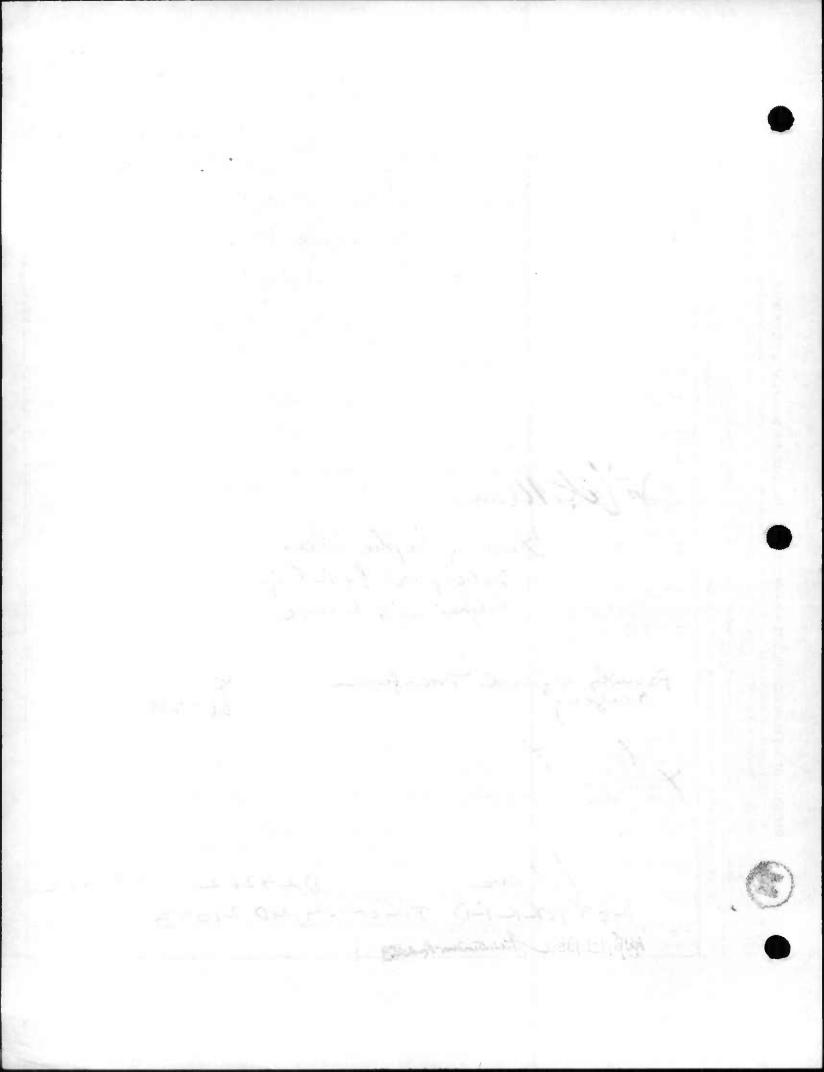
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

CAPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

LINERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buntal, cemation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH	AND MENTAL HYGIENE H REG. NO.	J to the					
	1. DECEDENT'S NAME (First, Middle, Last)	SANFORD	AVERY	SANFORD	2. DATE OF DEATH 8- MONTH DAY	-12-92 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER	603 5970 1 MM 2 F SQ YRS. MONTHS DAYS HOUNS MIN. (Month, Day, Year) GOUNTY)									
TOR	9a. PACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH na RESIDENCE OF DECEDENT										
DIRECTOR	De. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 107. 108. CITY, TOWN OR LOCATION 108. CITY, TOWN OR LOCATION										
FUNERAL	709 Maider	n Choice	IA.	10f. ZIP CODE	128.	10g. CITIZEN OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	if yes, specify Cuban	HISPANIC ORIGIN? (Specify Yea o Mexican, Puerto Rican, etc.) Specify:	W No- 14. RACE — American Indian, Black, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of work life. Do NOT use in SOCIOLOG	done during most of working stred.)	Johns Hop						
OMP	12+ 17. FATHER'S NAME (First, Middle, Last)	6		18. MOTHE	ER'S NAME (First, Middle, Maiden Su						
BE (Walter Sanford	i			adie Cooper						
2	19a. INFORMANT'S NAME (Type/Print) Lynne Sanford Ko	oester			or Rural Route Number, City or Town. Ve, Laurel, MD						
	20a. METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)		PLACE AND DATE OF Cetery, crematory or other		DATE 20c, LOCA	ATION — City or Town, Stata					
	21. SIGNATURE OF FUN PALAGEBUICE IN	CENSEE Ronald War			OF FACILITY State A						
	proplete	10 mg	8/13/92		timore St, Bal						
	23. PART V Enter the disease, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on ea	ch line. Repl	enter the mode of dying	g, such as cerdiec or reapira	Approximate interval Between Onset and Death					
_		DUE TO (OR AS A	CONSEQUENCE OF):	Lone.	21						
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	1	Y						
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	c. DUE TO (QA AS A	CONSEQUENCE OF):	destase							
AL C	PART II. Other algorificent condition	ne contributing to death be	ut not resulting in t	he underlying cause gi							
MEDIC	Jugery	fund 7	runfu	zien	YES 2	ED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			20. PLACE OF DE	ATH (Check only one)						
YSIC	1 TYES 2 DENO	HOSPITAL:	atient 3 DOA 4		Idence & Other (Specify)						
ву Рн	27. MANNER OF WEATH Netural 5 Pending Accident Investigation	(Month, Day, Year)	28b. TIME O	WORK? M 1 YES 2	28d. DESCRIBE HOW INJ	URY OCCURED					
	/3 Suicide 6 Could not be detarmined	28s. PLACE OF INJURY building, etc. (Speci	— At home, farm, streetly)	et, factory, office	281. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,					
COMPLETED					and due to the cause(a) and menne d at the time, data and place, and	or as stated, due to the cause(s) and manner as stated,					
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	true		29c. LICEN	ISE NUMBER	29d. DATE SIGNEO (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pri	orlum,	40 2109	3					
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA			., (0)						
			A CONTRACT	7							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 mily be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as, this be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

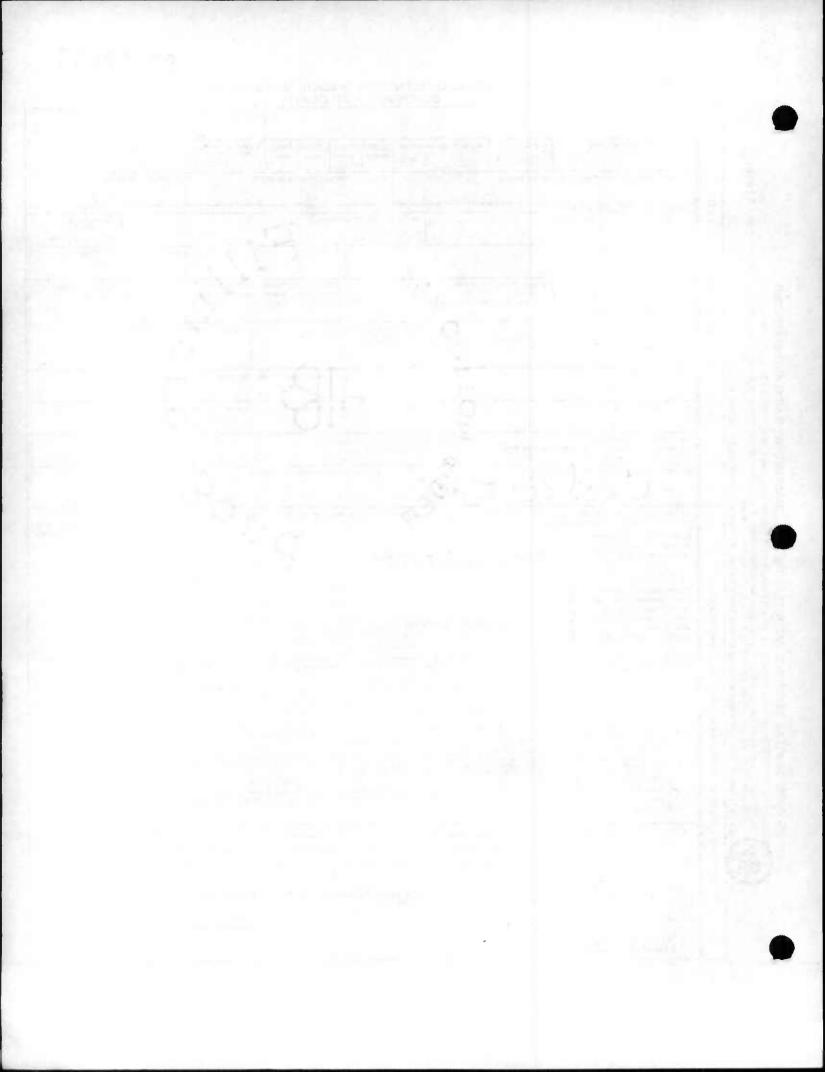
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Buttle Committee Removed from State Dentition Dentition Removed from State Dentition D	HENRIETTA M.	- *		SS (Street and Number or Rural	Route Number, City or Tov	vn, State, Zip Code)	1061				
SINGLETON FUNERAL HOME 1 SECOND AVE. S.W. GLEN BURNIE, MD 21061 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, interval Between check, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) IMMEDIATE CAUSE (Fine) Immediate Cause Condition, resulting in death) Sequentially list conditions, our To (In as a conscoulance or): If any, leading to immediate cause. Enter INDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (In as a conscoulance or): Jung C/1 (CANCE) PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24. WAS CASE REFERRED TO MEDICAL EXAMINERY: 1 YES 2 MNO THER: 1 YES 2 MNO THER: 1 Notice of OCATN (Direct only con) 22. MANNER OF OCATN 1 Month, Day, Italy 23. MANNER OF OCATN 1 Month, Day, Italy 24. Month, Day, Italy 25. MANNER OF OCATN 1 Month, Day, Italy 26. DOCATES HOMBER 26. DOCATES HOMBER 27. DOCATES HOMBER 28. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND TITLE OF CENTIFIER 29. SIGNATURE AND T	1 Burial 2 Cremation 3 4 Donation 5 X Other (Spec	city) ENTOMBMENT Co	OUDON PARK	ČEMETERY	0ATE 20c. LC	CATION — City or To	own, State				
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3 Suicide 4 Homicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office 29c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRAIN, MD JHH 600 N. WOLFE STREET BALTIMORE, MD 21287 31. OATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	1 Pi Natural 5 Pendi	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?		NJURY OCCUREO					
(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Typa, Print) B. WALDMAN, MD JHH 600 N. WOLFE STREET BALTIMORE, MD 21287 31. DATE FILEO (Month, Day, Year)	4 Momicide determined City or Town, State)										
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ACORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) B. WALDMAN, MD JHH 600 N. WOLFE STREET BALTIMORE, MD 21287 31. OATE FILEO (Month, Day, Year) 132. REGISTRAR'S SIGNATURE	(Check only 1 CERTIFYIN	(Check only 1 SE CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner ea stated.									
B. WALDMAN, MD JHH 600 N. WOLFE STREET BALTIMORE, MD 21287 31. OATE FILEO (Month, Day, West) 132. REGISTRAR'S SIGNATURE	296. SIGNATURE AND TITLE OF C	um MD			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s						
	B. WALDMAN 31. OATE FILEO (Month, Day, Year)	N, MD JHH 600 N.	WOLFE STREE	r BALTIMORE,	4D 21287						

item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

92-4457-005 92-139

FOR

	1 - STATE REGISTRAR	SIAIE UP			F DEATH		i. NO.				
	1. DECEDENT'S NAME (First, Middle, La	st)				2. DATE OF DEA	TH		3. TIME OF DEATH		
	ANGIE	SHEILA	SESSIONS	(ANGI	ELA)	08	08	92	10:00 P		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRT	TH her)	8. BIRTHE	LACE (State or Foreign		
	218-64-1081	1 🗌 M 2 🙀 F	35 YRS.	MONTHS DAY	HOURS MIN.	(Month, Day, Y	2-56	1	YT.AND		
~	9a. FACILITY NAME (If not institution, gir	re street and number)		9b. CITY, TOW	OR LOCATION OF	DEATH	9c. CO	UNTY OF DE			
2	BELTWAY #695 A	ND DULANE	Y VALLEY ROAD	TOWS	ON		В	ALTIM	ORE		
DIRECTOR	10a. STATE 10b. COU		10c, Cl	TY, TOWN OR LOC	ATION				10d. INSIDE CITY		
8	MARYLAND		BAL.	TIMORE					LIMITS?		
	104. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WH										
E	3324 BELVEDERE	AVE.			21215		US				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. ARMED	13. WAS D	ECENDENT OF HISP	ANIC ORIGIN? (Spec			- American Indian.		
	1 Never Married 2 Married		1 YES 2 NO	If yes,	specify Cuban, Maxie ES 2 NO Spec	can, Puarto Rican, el	tc.)	Black, Specify	- American Indian, White, etc.		
B√	3 Widowed 4 Divorced							AFR.			
COMPLETED	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a. DECEDENT'S (Give kind of	Work done during are retired.)	TION most of working	16b. KIND (F BUSINESS/IN	DUSTRY			
ايّ	Elementary/Secondary (0-12)	College (1-4 or 5	+) IMB. DO NOT U	ise retired.)							
ž I	17. FATHER'S NAME (First, Middle, Last)				T						
	LEONARD SESS	LONG				T. SESSI					
BE	19e. INFORMANT'S NAME (Type/Print)	LONS	105 1142 114	C ADDRESS (Over-	t and Number or Rura						
2		SIONS			STREET				21218		
	20a. METHOD OF DISPOSITION	710115	20b. PLACE AND DATE				c. LOCATION -				
	1 ☐ Burial 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify) _	emoval from State	MI ZION	CEMETER	RY 08-		ALTIMO				
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	a A		AND ADDRESS OF BROTHER			121			
	DON'Y	600 8									
	23. PART i. Enter the disesses, of								LAND 21217		
	shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I.								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 \(\text{\subset}\) NO		
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	heck only one)					
Š	1 X YES 2 □ NO	HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient 3 ☐ DOA	OTHER:	me 5 🗆 Rasidence	8 XOther (Specify	BELTW	¥ #85	AND		
E	27. MANNER OF DEATH	28a. DATE OF (Month, D			NJURY AT	26d. DESCRIBE	- C 11 12	37 7107	11)		
2	1 Netural 5 Pending 2 Accident Investigatio		08-1992		YES 2 NO	PEDEST	RIAN ST	TRUCK	BY AUTO		
	3 Suicide 8 Could not t	~ building,	OF INJURY — At home, larm, etc. (Specify)	atreet, lactory, of	Ice	281. LOCATION (S City or Town,	treet and Numbe				
	4 Homicide detarmined ROADWAY BELTW							DULA	NEY ROAD		
COMPLETED		29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.									
	PHONATURE AND TITLE OF CERTIF				29c. LICENSE NU				Month, Day, Year)		
29c. LICENSE NUMBER O.C.M.E.											
2	HAME AND ADDRESS OF PERSON OF	WHO COMPLETED CAU	SE OF OEATH (ITEM 27) (Type					09	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	31. DATE FILED (Month, Day, Year)	12: REGISTRA	A)'S SIGNATURE A DEL	111 PEN	N STREET	BALTIMO	RE MARY	LAND	21201		
	AUG 14 1992	d	Marian Marian								



Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trabe filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DR. OCHANES

31. DATE FILED (Month, Day, Year)

5401

DLD

32. REGISTRAR'S SIGNATURE
4 1992 Juna Devidson

	1 - STATE REGISTRAR	SIAIL OF I	MARYLAND /		ICATE					REG. N	10.		
	1. DECEDENT'S NAME (First, Middle, Last)	Stul	LEONARD	STUL	MAN)				2. DATE	OF DEATH	PAY 9	YEAR 3.	CH40
	4. SOCIAL SECURITY NUMBER 2542	5. SEX 1 D M 2 D F	6. AGE (In yrs. Jas	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.		DE BIRTH	W	8. BIRTHPL Country) MARY	ACE (State or Foreign
מסוי	9a. FACILITY NAME (If not institution, give str	et and number)	losp		9b. CITY	nde	A LOCATION	ON OF DE	n M	Ž	9c. COUN	CLF	
DINECTOR	10a. STATE MARYLAND BALT:						ION					1	LIMITS?
LONGUAL	2 TENTMILL LANE,	APT.				101	212	508			USA	ZEN OF WH	AT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	□ Never Merried 2 Merried □ Widowed 4 □ Divorced FORCES? 1 Y YES 2 □ NO IF YES, GIVE WAR OR DATES WWII ARMY					2 NO	n, Mexica	in, Puerto F		Yes or No—	14. RACE Black, V	- American Indian, White, etc. I [*] E
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 15. DECEDENT'S EDUCATION (Give kind life. Do NO' SAL					CCUPATION OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE C	st of worki					USTRY PRONI	cs
20 20	17. FATHER'S NAME (First, Middle, Last) NATHAN STULL							ČČA.	ficidle, Maid	den Surname) SILVER	STEIN		
2	194. INFORMANT'S NAME (Typo/Print) MRS. IRMA STULMAN	1	19		ADDRESS (Street and Number or Rural Rou NTMILL LA., APT.								D 21208
	Me. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ Remo 4 □ Donation 5 □ Other (Specify)	val from State	20b. PLACE of cemetary BETH	AND DAT	E OF DISP	OSITION	(Name	AL I.	DATE	1130	LOCATION —	City or Town	, State
i).	21. SIGNATURE OF FUNERAL SERVICE LICE				S	OL I		ISON	& BR			, MD	21215
	immediate cause (Fine) disease or condition resulting in death) Due to (or as a consequence) of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract									Approximata Interval Betwee Onset and Deat			
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	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1												
Lui	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? WORK?								W INJURY OC	CURED		
	2 Accident 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								ute Number,				
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC												and manner as stated.
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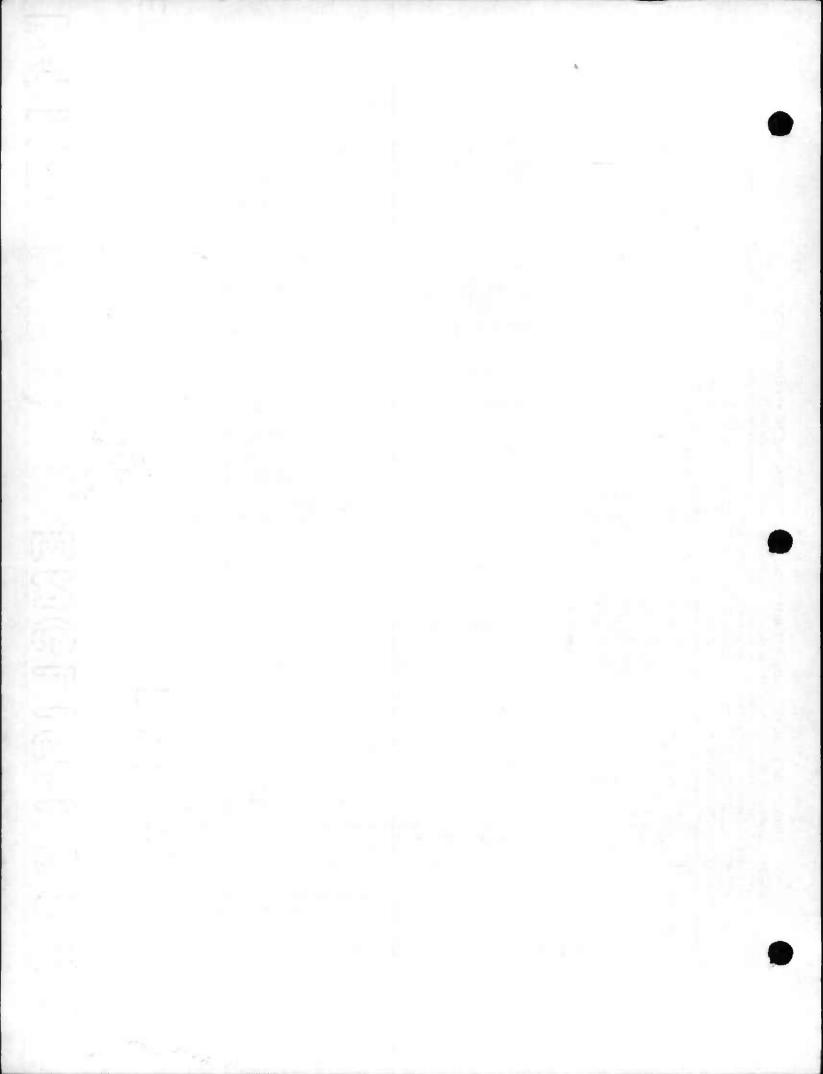
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metric and completely have the certificate has been signed by the attending physician and completely hilled in by the funeral di		moved item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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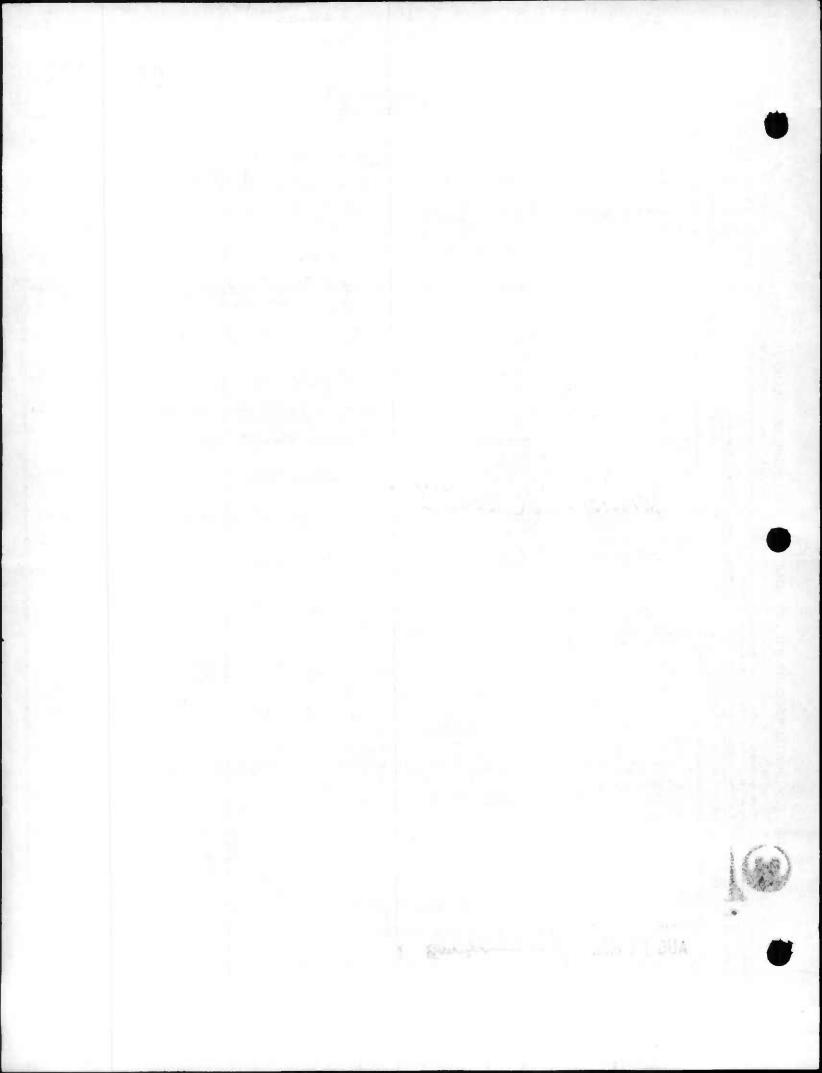
AUG 14 1992

	FOR 1 - STATE	STATE OF MARYLAN	ND / DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIEI		22550			
	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO	0.				
	t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH			
	GERMAINE E	TROLLIET	1			7-31-19		10:40 P M			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In y	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.	BIRTHPLACE (State or Foreign			
	215 54 3354	1 M 2 QF 93	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)			
	9e. FACILITY NAME (If not institution, give street	et end number)	,	9b, CITY, TOWN	OR LOCATION OF	10-22-18	9c. COUNTY	aris, France			
000	Augsburg Nursing H	DEATH	SC. COUNTY	OF DEATH							
CTOR	RESIDENCE OF DECEMENT	Ba	lto Co								
ш	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY			
D. R. O	Maryland Balti	more						LIMITS?			
¥	10e. STREET AND NUMBER		1 YES 2 NO								
ER	3679 Forest Hill	Pond			lof. ZIP CODE			OF WHAT COUNTRY?			
W		11000			212	-		ANCE			
BY FUN	t Never Merried 2 Merried 3 XWIdowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 NO	If yes, s	ECENDENT OF HISP specify Cuben, Mexi ES 2 NO Specific	ANIC ORIGIN? (Specify Ye cen, Puerto Rican, etc.) city:	es or No	RACE — American Indian, Black, White, etc. Specify: White			
8	15. DECEDENT'S EDUCAT	TION 18	Ba. DECEOENT'S	USUAL OCCUPAT	TION	16b. KIND OF BU	ICINECO (INDUC)				
PLET	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5 +)	ISS. KIND OF BO		omemaker						
COM	17. FATHER'S NAME (First, Middle, Last)				18 MOTHED'S	IAME (First, Middle, Malder	- C				
TO BE COM	Louis Vandal				III. MOTHER 3 P	IAME [First, Miloule, Maidel	n Surname)				
B 8	19e. INFORMANT'S NAME (Type/Print)		I and the same				Orman	cez			
100						A Aoute Number, City or Tox					
9	Loretta Wallace					, Baltimor	e.MD 2	1207			
must	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remova 4 Donation 5 Dither (Specify)		ACE AND DATE (ry, crematory or of	oF DISPOSITION (f ther place)	Name of	DATE 20c. LO	OCATION — City	or Town, State			
examiner must	21. SIGNATURE OF FUNE AL SERVICE LICEN	Marie 81	113/97	22. NAME /	AND ADDRESS OF I	FACILITY					
vent, the medical	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or hairt failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) S. CONCESTIVE HEART FAILURE Due to (or as a consequence of):										
or other traumatic event, ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST										
S. E.	d										
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. CHRONIC ATRIAL FIBRILLATION ATHEROSCELRATIC CARDID VASCULAR DISTRICT MULTI DIFFARCT DEMENTIA 248. WAS AN AUTOPSY PINON AMILIABLE PRIOR TO COMPLETION OF CAUS OF 06ATH? 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 YES 2 DATE 1 Y										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	theck only one)					
YSIC!	1000 1006	OSPITAL:	mt 3 🗆 DOA	OTHER	me 5 🗆 Residence	6 Other (Specify)					
P. P.	27. MANNER OF DEATH 1 Netural 5 Pending	28s, DATE OF INJURY (Month, Day, Year)	28b. TIME	28d. OESCRIBE HOW	INJURY OCCUR	ED					
28 is	3 Suicide 6 Could not be 286. LOCATION (Street and Number or Rural Route Number,										
COMPLE	2 MEDICAL EXAMINER: C	(Check only CENTIFTING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.									
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	Lalihan	m		D 285	IMBER PS-	29d. DATE SIG	PIZAZ			

7220 Park Heights Avenue, Baltimore,

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD 21207



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ar this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtal-transit permit. Pages 1, 2, 3 should be detached for use as the burtal-transit permit. Pages 1, 2, 3 should be detached for use as the burtal-transit permit. Pages 1, 2, 3 should be detached for use as the burtal-transit permit.	in with the base begin, or regular and mental hydrers prior to contact the medical examiner must be notified at once.
L OR ATTENDING PHYSICIAN: The law require	DIRECTOR: After this certificate has been signed to the Court Book of the	IMPORTANT Item 28 is marked, or item 23 shows

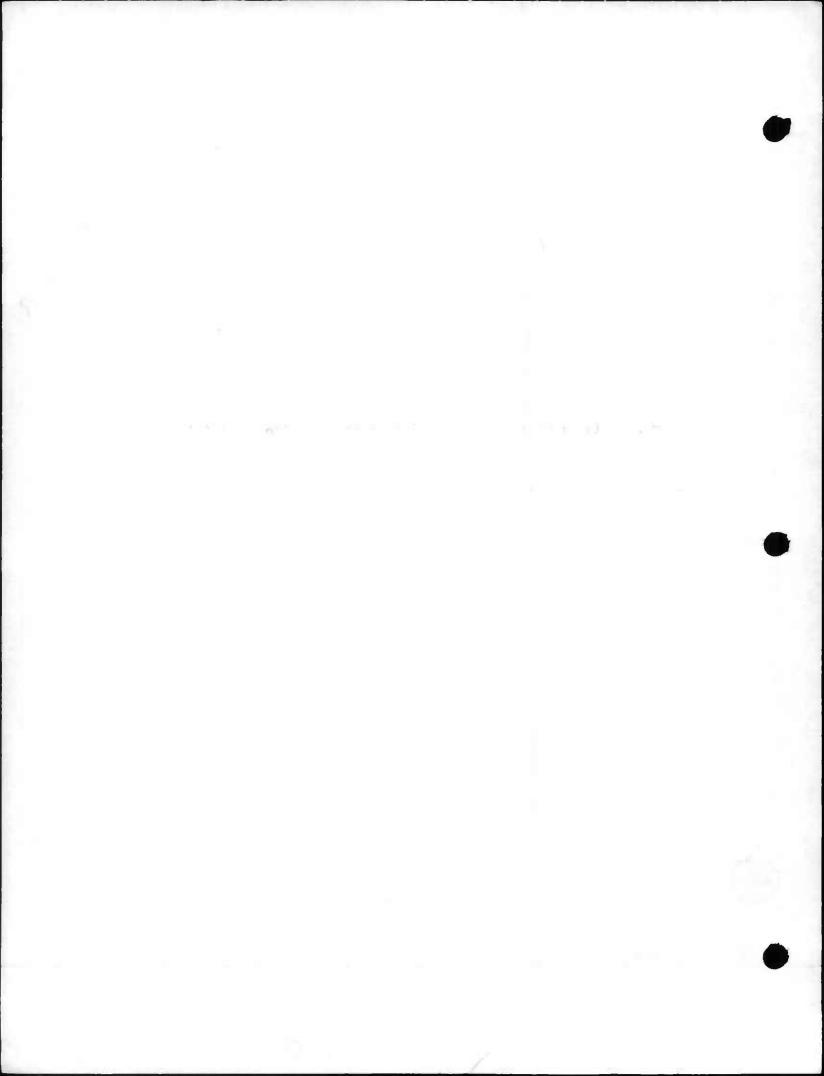
	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN		1.00		
- 9	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
	Mary Joseph	McMaster Tho			August 9	1992	3.00 1			
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)		
j	213-44-8285 9e. FACILITY NAME (If not institution, give	1 M 2 X F 47 YRS.			OR LOCATION OF D	Nov. 14,	1944 Maryland			
DIRECTOR	3 Norgate Court				Cockeysville Baltin					
Ä	10e. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCAT	TION		10d. INSIDE CITY LIMITS?			
	Maryland Baltimore			Cockeysv	ille	1 YES 2 NO				
FUNERAL	3 Norgate Court				21030	USA				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye	s or No 14.			
BY F	1				ecity Cuban, Maxica 2 X NO Specif	nn, Puerto Rican, etc.)		Black, White, atc. Specify: White		
	15. DECEDENT'S ED	I I I I I I I I I I I I I I I I I I I				Total management				
ETE	(Specify only highest grad	de completed)	(Give kind of wo	ork done during mo	ON est of working	16b. KIND OF BU	SINESS/INDUST	TRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Hostess					Banque	Coord	inator		
Ö	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Maider	Sumame)			
BE (Joseph Bernard l	AcMaster			Vivian	Ann Baker				
10 E	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tov		•		
۴	Kimberly Ann Tho	npson	3 Norg	ate Ct.	, Cockey	sville, M	21030			
	20a. METHOD OF DISPOSITION 1									
	22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padonia Rd., Timonium, MD 21093									
	23. PART I. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence or):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other algnificant condition	the underlying	ng cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
Z		-								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL OTHER:	ACE OF DEATN (Ch	eck only one)				
ΥS	1 YES 2 NO	1 Inpetient 2 ER/Out		4 Nursing Nom		8 Other (Specify)				
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WO	VES 2 NO	28d. DESCRIBE NOW INJURY OCCURED				
ED BY	2 Accident investigation									
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(a) and manner as stated.									
8	One) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and particular investigation.						nd due to the ce	use(a) and menner ee stated.		
BE	296. SIGNATURE AND TITLE OF GERTIFIER				29c. LICENSE NUMBER 29d. DATE SIGNED (Month) 8/10/9					
5	30. NAME AND ADDRESS OF PERSON W			-	zovov-11	MD 2102	0			
	31. DATE FILED (Month, Day, Year) AUG 1 4 1992	32. REGISTRAR'S SIGN	ATURE	, 0001	ze y a v I I I I	=, FID 2103	U			

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AUG 14 1992

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 92 5:35 AM GLADYS VOZEL 8 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 17297000 199-20-0883 92 1 M 2 XX HOURS YRS. use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR N/A Union Memorial Hospital Baltimore RESIDENCE OF DECEDENT 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N7A Baltimore 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 21218 WHAT COUNTRY? 1 East University Parkway USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES XX HO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marrie ВҰ 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ò 12 ndery (0-12) College (1-4 or 5+) detached Teacher Education once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) T Wesley Weitzel Miller page 5 should be Augusta Shaffer notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs.J.Kevin Mueller 6404 Pratt Ave.Balto.Md. 21212 9 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must director, 2 Cremation 3 Re Wood Lawn Cemetery 8/11 Baltimore, Maryland THE MAN PANERAL STORY LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home the funeral ens Stephen Xenakis M00640 **Dennis** 6500 York Road Baltimore, Maryland 21212 or removal. medicai W. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by it hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cnemation, or remo 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line interval Betwe **IMMEDIATE CAUSE (Final Onset and Death** or other traumatic event, the disease or condition resulting in death) DUE TO (ORAS A CONSEQUENCE OF): 6 days executed within DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO shows ! OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Met HOSPITAL: OTHER: 1 YES 2 NO OR ATTENDING PHYSICIAN: 1 inpetient 2 ER/Outpetient 3 DOA 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 26a. DATE OF INJURY 28c. INJURY AT 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED Is marked, (Month, Day, Year, 13 Natural 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 28 4 Homicide Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 ____MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, de occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, DO 4236 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 332, REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)



BALTIMORE, MARYLAND 21215-0020	INSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. It is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dent of Health and Mental Myniene prior to burial companion or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE TRANSPORT OF MITCHOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deal that this certificate has been signed by the attending physician and completely filled in by the fundamental profit of the plant of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of the fundamental profit of	IMPORTANT If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

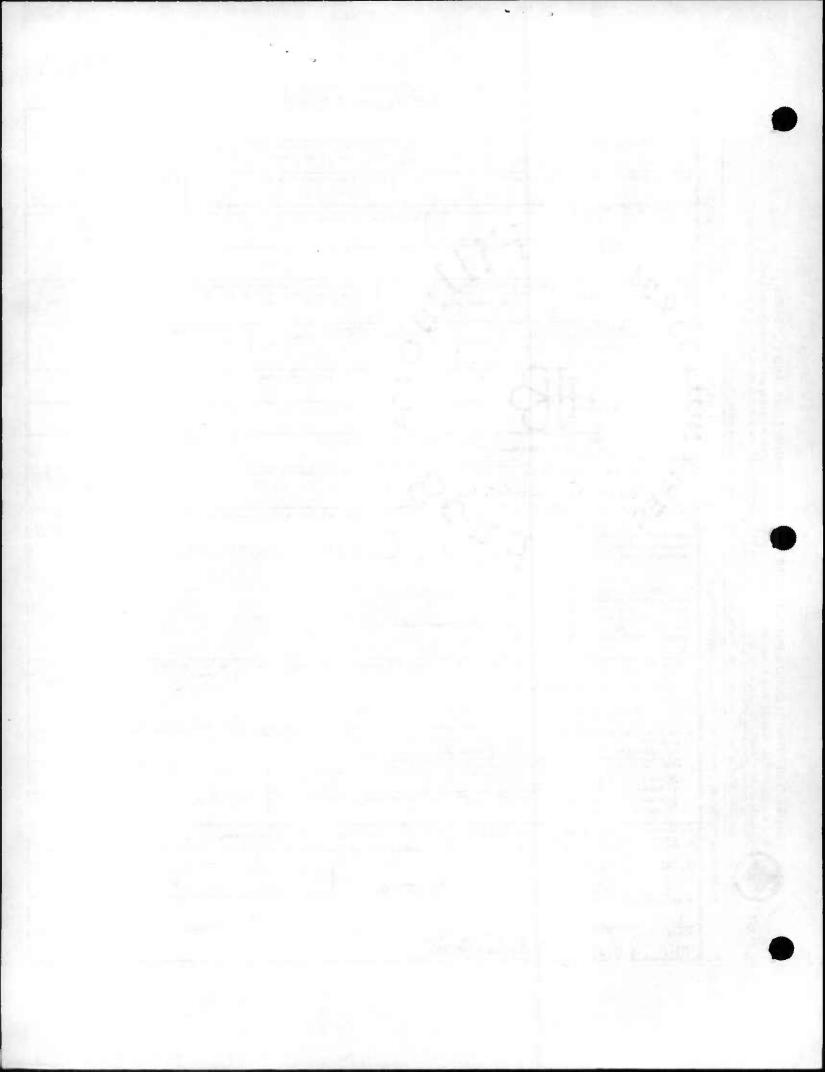
	FOR 1 STATE	STATE OF MARYL	AND / DEP/	ARTMEN	IT OF	HEALTH AND	MENTAL HY	GIENE 2	2:	2553
	REGISTRAR		CERTI	FICAT	E OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	EATH		3. TIME OF DEATH
	Virginia	Sue		le1ch			Augus	t 5.1	YEAR Q Q Q	12:50 P M
		5. SEX 6. AGE	'In yrs. last birthda		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BU	RTH		HPLACE (State or Foreign
	235-72-1221	1 □ M 2 🖔 F 4	4 YRS	MONTH	DAYS	HOURS MIN.	Sept 1	3, 1947	Count	try)
~	9a. FACILITY NAME (If not institution, give street	et and number)		9b, CI	TY, TOWN	OR LOCATION OF D	EATH	9c. C0	DUNTY OF I	DEATH
Ö	Memorial Hospi	tal		1	Cum	berland		Δ	llega	2037
5									TICEC	TILY
2			10c, 0							10d. INSIDE CITY
	WV Mine	eral		Bur!	lingt	on				1 YES 2 NO
A	10a. STREET AND NUMBER				10	H. ZIP CODE		10g, C	TIZEN OF	WHAT COUNTRY?
18	Rt 1 Box 240					26710		- 1	II.S	Δ
Z	11. MARITAL STATUS	2. WAS DECEDENT EVER II	IIIS ADMED	10	WW C DE					
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO		If yes, s	pecify Cuban, Maxica	n, Puerto Rican,	etc.)	Spec	olfy:
Ω	15. DECEDENT'S EDUCAT	TION	160 DECEDENT	IALISH ST	OCCUPATI	ON	164 KIND	OF BUILDINGSON		hit te
E	(Specify only highest grade co	mpleted)	(Give kind o	of work done	e during m	ost of working	TOO. KIND	OF BUSINESS/I	NUUSIRI	
2		College (1-4 or 5+)					D	C - 1		
Ž		1	Owner/	opera	ator		веас	ity Sal	on	
8								Maiden Surname)	
ш	Carl R. Hamrich	k		-		Mildred	Mau	ık		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILH	NG ADDRES	SS (Street	and Number or Rural	Route Number, City	y or Town, State, .	Zip Code)	
F	Russell Wayne We	1ch	Rt 1	Box	240	Burli	ngton,	WV 26	710	
	20g METHOD OF DISPOSITION	20b	PLACE AND DAT	E OF DISPO	SITION (N	ame of	DATE	20c. LOCATION	— City or Tr	own, State
	4 Donation 5 Other (Specify)	at from State	tery, cremetory o	r other place	rv	Aug	8 1992	Antic	och.	WV
	21. SIGNATURE OF FUNERAL SERVICE LICEN									
	I ▶ / (' \/		1	- 1	Rotr	uck Fune	ral Hom	e		
	XIVE SEC X	ctilled			85 S	. Main S	t. Kev	ser. W	7 26	726
	23. PART i. Enter the diseases, or con abook, or heart failure. Lie	nplications that caused	the deeth, Do	not ente	r the mo	ode of dying, suc	h aa cerdiac o	r reapiratory	arrest,	Approximate
	iMMEDIATE CAUSE (Final disease or condition	Adror	red	M	eA	n Ston	ic R	ena	l	Onset and Death
	DUE TO (OR AS A CONSEQUENCE OF):									
8	Sequentially list conditions.					Cer				
١Ĕ١	if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):						
0	CAUSE (Disease or Injury									
분	that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):	100	0				
1 1 1	d	VYETS	TO		X	NU	•			
o l	DART II Other classificant and distance									
3	TATT II. Other algument conditions of	contributing to death b	ut not resulting	g in the u	Inderlyin	g cause given in	Part i. 24s.		Y 24b	
181							10	YES 2 NO		COMPLETION OF CAUSE
1										
							_			
N N	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH (Ch	ack only one)			
S			etient 3 DOA		R:					
Ι¥Ι	27. MANNER OF DEATH	28e. DATE OF INJURY			T				CCUBED	
I II 1 no Natural 5 Pending							now insoni o	CCORED		
	2 Accident investigation 28a PLACE OF INLIEROV At home for the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o									
Ш	Suicide 6 Could not be determined building, atc. (Specify) Suicide 6 Could not be determined building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								House Number,	
[Eq.	20a CERTIFIER									
<u>a</u>	(Check only	N: To the best of my knowl	edge, death occu	rred at the	time, data	and place, and due	to the cause(a) a	nd manner as st	isted.	
S S	2 MEDICAL EXAMINER: (On the beals of axamination	and/or investigat	tion, in my	opinion, d	leath occured at the	time, date and pl	ace, and due to	the caused	and manner so stated.
1 - 11	295. SIGNATURE AND TITLE OF CERTIFIER	2000								1
9	4)	TONY						b	87	2/81
No. STREET AND NUMBER No. 240 12. NAS DECEDENT EVER NUM. ARMED 12. NAS DECEDENT SUBJECT OF WHIST COUNTRY No. 27 No. 12. NAS DECEDENT SUBJECT OF WHIST COUNTRY No. 27 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26 No. 26				111						

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Zaman, 31. DATE FILED (Morith, Day, Year)
AUG 14 1992

Johnson Heights Medical Building, Cumberland, 32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLANI	hours after death. Page 6 may be retained by the hos	led in by the funeral director, page 5 should be detach . or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO STITENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	THE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to burial. Cremation, or removal.	IMPORTANT II Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIMIE UF N	CE				DEATH		MYGIEI REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	2. DATE OF DEATH 3.				TH
	BERNARD	WHI				ITINGER			11	DAY 1	992	9:55	ам
	4. SOCIAL SECURITY NUMBER	5. SEX	SEX 6. AGE (In yrs. lest birthday)			1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			0. BIRTI	HPLACE (State or Fr	
	220-03-3434	1 □ M 2X□XF	88	YRS.	MONTHS	DAYS	HOURS MIN.	Octobe		1903	Count	1to.,	MD
	Se. FACILITY NAME (If not institution, give a	street and number) 9b.			9b. CITY	, TOWN (PR LOCATION OF D						PID
DIRECTOR	141 NORTH PATTE	141 NORTH PATTERSON PARK AVENUE BALTIMOREN/A-										N/A	
EC	10a. STATE 10b. COUNT	Y		10c, C/1	Y, TOWN (DR LOCAT	ION		10d. INSIDE CITY				
1	MD								LIMITS?				
	10e, STREET AND NUMBER			Baltimore					1 400 00	TITEN OF I	WHAT COUNTRY?	NO	
1	1/1 N Patton	141 N. Patterson Park Avenue								log. Cit	TIZEN OF	WHAI COUNTRY?	
LONEHAL	11. MARITAL STATUS		T EVER IN U.S. AR		19	WE DEC	21231		D 14 M		_	S. A.	
1	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 TNO				if yes, sp	ecity Cuban, Mexica 2XXIO Specif	in, Puerto Rica	in, Puerto Rican, etc.)			E — American Indi k, Whita, etc.	
ב	15, DECEDENT'S EDU		16a, DE	CEDENT'S	USUAL O	CCUPATIO	IN .	Tab Ki	NO OF BI	JSINESS/IN	DUETRY	White	5
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	(G/	ve kind of Do NOT u	work done se retired.)	during mo	st of working	100, 101	NO OF BU	79114E99/114	DUSTRY		
COMPLE	8 years -	Conego (I-I or 5 ·		oofe	er				Con	stru	cti	on	
5	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First Mide	lin Mairier	Sumamel			
5	William Whiti	nger					Joann			. Cornelle)			
۵	19a. INFORMANT'S NAME (Type/Print)		198	MAILING	ADDRESS	S (Street e	nd Number or Rural			un Chata 7	in Codel		
2	Ruth E. Webb											2122	1
	20a. METHOD OF DISPOSITION		20b. PLACE A					OATE	ad Baltimore, MD 21234				
	1) Burial 2 Cremation 3 Rem	oval from State	cemetery, crer	matory or o	ther place)			8/13					
	21. SIGNATURE OF FUNEBAL SERVICELLO	CENSEE	- [More]	Moreland Mem. Park					Dd.	TCHIOL	e, Mai	ryland	
	- 141. 8	Dula	^				Funer		me	Ba	1+0	. MD	
	23. PANTA. Enter the diseases, or o				8.5	521	Loch R	aven	B1 v	d.		21286	
MOLIPOLIUM	disease or condition resulting in death) a. Atherosclerofic Cardiovas cular Disease OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
5		d											
THE DIONE	PART II. Other algorificant condition Prostate	The Cancer 1 yes 2 The Contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 YES 2 THE COMPLETION OF CAU OF DEATH? 1 YES 2 NO								TO CAUSE			
	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (Ch	eck only one)					
CICION	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Num	₹:			nec/ful				
	27. MANNER OF DEATH	26a, DATE OF	266. DATE OF INJURY 266. TIME OF 286. INJURY AT 286. DESCRIBE HOW IN HIRV OCCURED.										
	1 Natural 5 Pending	(Month, De	ly, Year)	IN.	IURY M	MO	RK7 ES 2 NO						
9	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE O	F INJURY — At hor	ne, farm,	street, fact			281, LOCATIO	ON (Street	and Numbe	er or Rumi F	Route Number,	
	4 Homicide 6 Could not be determined	building,	atc. (Specify)			,		City or To	own, State)	un thursel F	THE PROPERTY.	
CILL LE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of R: On the basis of ex) and manner as s	tated.
	296. SIGNATURE AND TITLE OF CERTIFIER	1	0 0		-		29c. LICENSE NUM	MBER		29d, DA1	TE SIGNEO	(Month, Day, Year)	
)	llen	200/	1 Ch	it.	m		O.C.M				4	1/1992	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CANS	E OF DEATH (ITEM	27) (Type	Print)		0.0.11				30/ 1	1/ 1006	
	Dennis J. Chui				PENN	SULD	FFT RAT	TIMORE	7 M7	ADVT A	NID	21201	
	31. DATE FILED (Month, Day, Ybar)		R'S SIGNATURE	111	T THININ	DIK	UCI DAL	TTIOKE	ı, IM	TITA	עועט .	21201	
	AUG 14 1992	We Seviden	- Randa 80										
- 0													



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	1 - STATE REGISTRAR		CERTIF	ICATE OF	EALTH AND MENT	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, La	MALLORY WAI	LTERS		2. DA	TE OF DEATH DAY	992 1	O: 50 A
	4. SOCIAL SECURITY NUMBER AIT AO 0039 9a. FACILITY NAME (If not institution, gi	17 M 2 🗆 F	E (In yrs. lest birthday) YRS.	MONTHS DAYS	HOURS MH. DS	TE OF BIRTH orth, Day, Year) C. 29 1926	PAR	
CTOR	FRANKLIN S	QUARE HOSE	STAL		DALS		timor	e County
DIRE	11 11 1 10 10	ALT MORE	10c. CIT	PARKY				I. INSIDE CITY LIMITS? YES 250 NO
FUNERAL	104. STREET AND NUMBER 3042 SECON			101	21P CODE 21234	10g. CITI	ZEN OF WHAT	COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPANIC ORI ecity Cuban, Mexican, Puer 200, NO Specify:	GIN? (Specify Yes or No— to Rican, etc.)	14. RACE — Black, Wi Specify:	American Indian, hite, atc.
LETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION	16a, DECEDENT'S	USUAL OCCUPATION of the retired.)	DN st of working	16b. KIND OF BUSINESS/IND		112
COMP	17. FATHER'S NAME (First, Middle, Last)		77343	RILAL	16. MOTHER'S NAME (First	HECHT L	0. Ds	PT- 510
TO BE	19a. INFORMANT'S NAME (Type/Print)	COROS	ATTERS 19b. MAJLING	ADDRESS (Street a	nd Number or Rurel Route N	umber, City or Town, State, Zip	S (R Code)	
	20e, METHOD OF DISPOSITION Burlal 2 Cremetion 3 R 4 Donation 6 Other (Specify)	2	0b. PLACE AND DATE Competery, cremetory or of	of DISPOSITION (No.	P. 1. 18.	ATE 20c. LOCATION -	City or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE	Nam		22. NAME AT	D ADDRESS OF FACILITY S CHAPLE HAPE	PROD-F	ies hek	รับเร
	23. PART I. Enter the diseases, a ehock, or heart failure.	or complications that causers. List only one seuse on	ed the deeth. Do n	ot enter the mo	de of dying, such as c	ardiac or respiratory err	H17174	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	- Complete				and or respiratory an	•51,	Approximata interval Batw Onset and Da
NOI	disease or condition resulting in death) Sequentially list conditions,	- Corona	e A-V Blo A CONSEQUENCE OF TY Artery	ock Disease		The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	51,	interval Batw
RTIFICATION	disease or condition resulting in death)	DUE TO (OR AS	A-V B1	ock Disease		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	•51,	Interval Batw
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PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 25 NO 27. MANNER OF DEATH 1 Netural 6 Pending	DUE TO (OR AS c. DUE TO (OR AS d. tions contributing to death HOSPITAL: 1 Inpatient 2 ERVOY 26a. DATE OF INJURY (Month, Day, Veer)	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting in typetient 3 □ DOA	Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Disease Diseas	ACE OF DEATH (Check only 5 G Rasidence 6 G OH URY AT 28d. E	24a. WAS AN AUTOPSY PERFORMED? 1 YES 22 NO	24b. WEI AMA COO OF 1	Interval Betw Onset and Di RE AUTOPSY FINOR ILABLE PRIOR TO MPLETION OF CAUS DEATH?
D BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. 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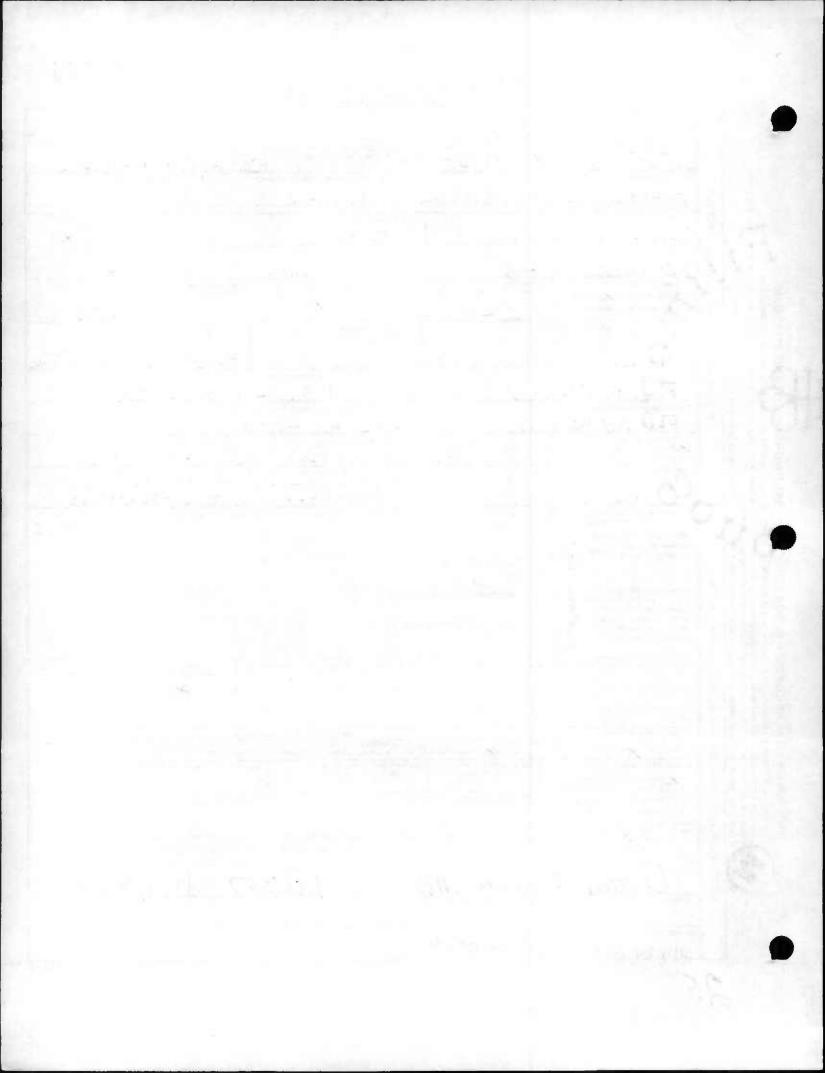
9000 Franklin Square Drive Baltimore 21237

32. REGISTRAR'S SIGNATURE

Jandson Arthur

Arcuro Norico
31. DATE FILED (Month, Day, Year)

4 1992



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

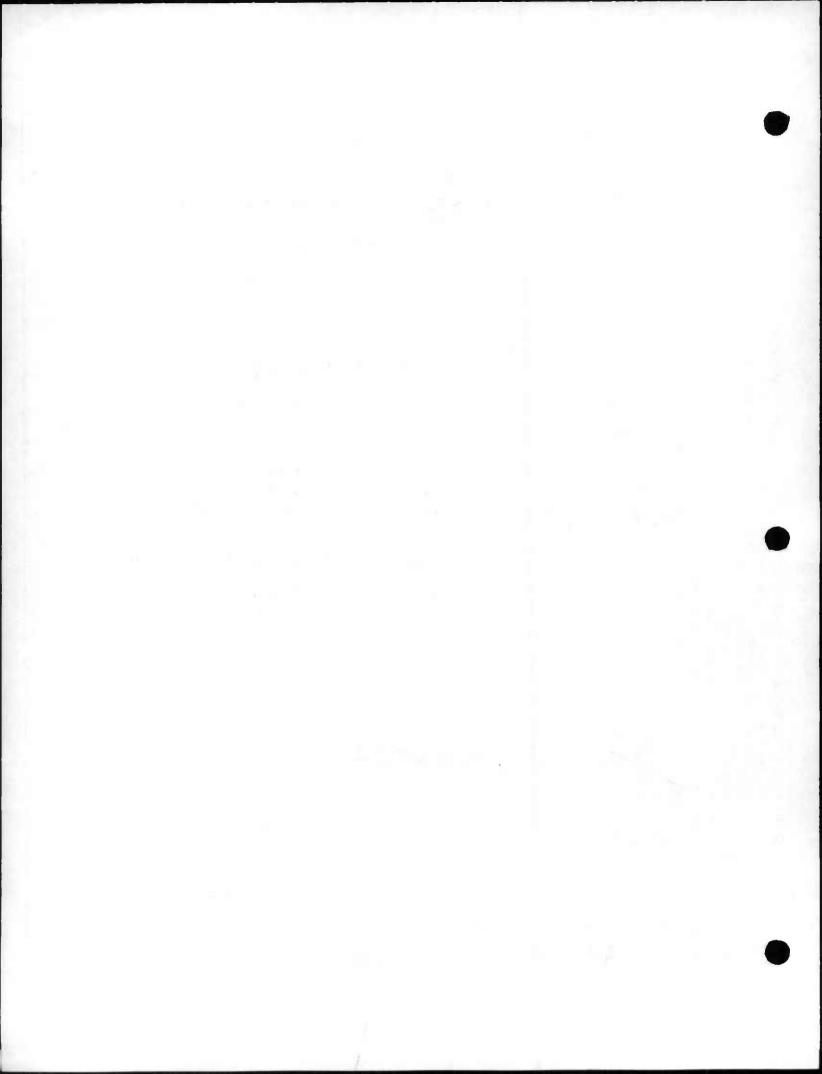
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CE	EKIIFI	CATE O	F DEA	I H		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH			3. TIME OF DEATH
Rachel			Wi	1son			Au	gust 1	, 19	992	5:40am w
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR		R 24 HRS.		E OF BIRTH		8. BIRTH	IPLACE (State or Foreign
217-22-2113	1 ☐ M 2 <u>X</u> ☐ F	81	YRS.	MONTHS DAY	HOURS	MIN.		4/191]	L	CAL	VERT CO.MD
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOCAT	ION OF DE		.,,	_	INTY OF D	
Maryland Gener	al Hospit	al		Balt	Lmore	City	7				
10e. STATE 10b. COUN	TY		10c. CITY	, TOWN OR LO	CATION						10d. INSIDE CITY
MARYLAND				BALTIN	ORE						LIMITS? 1 XYES 2 NO
10e. STREET AND NUMBER					101. ZIP COD	E			10g. CIT	TIZEN OF V	VHAT COUNTRY?
1808 BARCLAY	STREET				21	202				т	JSA
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED		ECENDENT	OF HISPAN		IN? (Specify Yes	or No-		— American Indian, k, White, etc.
1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE W		NO		S 2 XNO			Ricen, etc.)		Speci	My:
15. DECEDENT'S ED	UCATION	16a, DF	CEDENT'S	USUAL OCCUPA	TION		16	b. KIND OF BUS	INECC/IN	DUISTRY	BLACK
(Specify only highest grade Elementary/Secondary (0-12)	le completed) College (1-4 or 5 d	(GI		vork done durina		ing	."	e. KIND OF BUS	MAE99/IM	DUSTRY	
17. FATHER'S NAME (First, Middle, Last)								Middle, Maiden	,		
BEN JOHNSON								JOHNSO			
190. INFORMANT'S NAME (Type/Print) CHARLES WILSO	N							nber, City or Town			1202
20a. METHOD OF DISPOSITION X☐ Burial 2 ☐ Cremation 3 ☐ Rei				F DISPOSITION		1. 1	DV			City or To	21202
4 Donation Other (Specify)		WEST	ERN	STAR	CEME		7				LS, MD
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	101	_	LER	AND ADDRE	SS OF FA	CILITY ET "				AL HOME
Durun	U. AS	USECL		460	0 LI	BERT	ry F	EIGHT	SA	VENI	E 21207
23. PART I, Enter the diseases, or	complications the	t caused the de	-4h D								
shock, or heeft failure	List only one cau	se on each line	atn. Do n	ot enter the r	node of dy	ring, auci	h ss car	rdiec or reapi	ratory ar	reat,	Approximata
IMMEDIATE CAUSE (Finel	. List only one cau	each line		ot enter the r	node of dy	ring, auci	h ss car	rdiec or reapi	ratory ar	reat,	Approximate interval Between Onset and Death
anock, or neert failure	Con	gestive	hear	t failu	node of dy	ring, auci	h ss cer	rdiec or reapi	ratory ar	reat,	interval Between
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IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation are suiting in death investigation are suiting investigation are suiting investigation are suiting investigation are suiting investigation are suiting investigation are suiting investigation are suiting investigation are suiting investigation are suiting investigation are suiting investigation are suiting in the suiting investigation are suiting investigation are suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting	Aner Con: Due to Dill. Due to Due to C. Due to Aner Ren: Hypo HOSPITAL: 1% Inpetiant 2 28a. DATE OF (Month, D. 26a. PLACE O. building. BICIAN: To the best of experience of experience of experience of experience of the complete of and other. HO COMPLETEO CAUS. Oche, M. D.	gestive (OR AS A CONSECT ACONSECT (OR AS A CONSECT (OR AS A CON	hear puence of diom puence of auence of	ot enter the r t failt p: yopathy : yopathy : n the underly Ency 26. OTHER: 4 Nursing H OF JRY M 1 treet, factory, of d et the time, de n, in my opinion	Ing couse PLACE OF E Ome 5 R NJURY AT WORK? YES 2 [ffice the and place, death occu	given in DEATH (Chi esidence n, and dua red at the ENSE NUM n/a	Part I. Bock only o B Other 28d. DE 28f. LOC City to the ca	24a. WAS AN PERFORI 1 YES 2 THE YES 2 THE YES 2 THE YES 2 THE YES 2 THE YES 2 THE YES 2 THE YES 2 THE YES 2 THE YES 3 THE YES 3 THE YES 3 THE YES 3 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE YES 4 THE	AUTOPSY MED? NO NJURY OC nd Numbe ner es sta d dua to ti	24b. CURED or Or Rural R ted. he cause(s	interval Between Onset and Death WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

ATTENDIN	3	
TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit has a should be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior in burial commands in remarking	Page 1	2, 3 shou
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		1

			9	2 22557
	1 - STATE OF MARYLA	ND / DEPARTMENT OF HEALTH A	ND MENTAL HYGIENE REG. NO.	
	1. OECEDENT'S NAME (First, Middle, Last)		2. DATE OF GEATH	3, TIME OF DEATH
	HELEN A V	VILSON	MONTH DAY	YEAR
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In	yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24	HRS. 7. DATE OF BIRTH (Mogrifi, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION	6/8/04	S. Casolino
E E	Boy Segaring 1	SOL CITY, TOWN OR LOCATION	OF DEATH 9c. COUN	TY OF DEATH
5	RESIDENCE OF DECEDENT	ear I savious	MON INA	
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	10e, STREET AND NUMBER	10f, ZIP CODE	ore .	1 1 YES 2 NO
FUNERAL	1501 tukol and to	lot, zir cobe	10g. CITIZ	ZEN OF WHAT COUNTRY?
3	11. MARITAL STATUS 12. WAS DECEOENT EVER IN I		HISPANIC ORIGIN? (Specify Yee or No	14. RACE — American Indian,
BY F	1 Never Merried 2 Merried FORCES? 1 YES (3	2 NOT It yee, specify Cuben, I	Mexican, Puarto Rican, etc.)	Black, White, etc.
				BLACK
ETED	(Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/INDU	USTRY
IPL.	Elementary/Secondary (0-12) College (1-4 or 5+)	Donicitie" 1.1	200	
COMPL	17. FATHER'S NAME (First, Middle, Last)	16. MOTHER	R'S NAME (First, Middle, Maiden Sumame)	
BE (SOLOMAN LIVINGSTON	ELI	ZA LIVINGSTON	
TO	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or	Rural Route Number, City or Town, State, Zip	Code)
	MARTHA THOMPSON	3109 WINDSOR AV		MD 21216
		PLACE AND DATE OF DISPOSITION (Name of ery, crematory or other place) RBUTUS MEMORIAL PA	OATE 20c. LOCATION - C	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	RBUTUS MEMORIAL PA	1111010	S, MARYLAND
	Kerou C. Kliv	LEROY O.	DYETT & SON FU	
	23. PARTY Enter the diseases or complications that saised tahock, or heart failure. List only one cause on each	he death. Do not enter the made of duine	, such as cardiac or reapiratory arre	ENUE 21207 pat, Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	in line.	T local	Interval Between Onset and Deat
	OUE TO (OR AS A C	ONSEQUENCE OF :	of a school	weed .
ERTIFICATION	Sequentially list conditions, b. Due to (or as a c	ONSEQUENCE OF THE REVERENCE	ST.	
CAT	cause. Enter UNDERLYING			
Ē	CAUSE (Disease or injury that initiated eventa OUE TO (OR AS A C	ONSEQUENCE OF):		
EH	resulting in death) LAST			
LC	PART II. Other significant conditions contributing to death but	not resulting in the underlying cause give	en in Part i. 24s, WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
2			PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC			1 YES 2 NO	OF DEATH?
ä				1 723 2 100
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEAT	H (Check only one)	
IYS	1 YES 2 NO 1 Inpetient 2 ER/Outpeti	ent 3 DOA 4 Nursing Home 5 Resid	ence 8 Other (Specify)	
	Natural 5 Pending (Month, Day, Year)	28b. TIME OF INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCU	URED
ВУ	2 Accident Investigation 3 Suicide Could not be 26e. PLACE OF INJURY —	At home, term, street, tectory, office	281. LOCATION (Street and Number of	0
COMPLETED	4 Homicide determined building, stc. (Specify,)	City or Town, State)	r ruret Houte Number,
PLE	29e. CERTIFIER (Check only TerrityING PHYSICIAN: To the best of my knowled	ige, death occurred at the time, date and place, an	d due to the causals) and manner as state	1
MO	one) 2 MEDICAL EXAMINER: On the basis of exemination e	nd/or investigation, in my opinion, death occured	at the time, date end place, end due to the	ceuse(s) and manner ee stated,
w II	29b. SIGNATURE AND TITLE OF CERTIFIER	29c, LICENS		SIGNED (Month, Day, Year)
TO B	8000 attendi	of physican b	-17202 FR	18192
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Print)		
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S CICART	St Helowa A	the Baltin	1000/1/2122
	AUG 14 1992 Julia A	andre Mondate		
	d'annue	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa		DHMH-18 Rev 1/



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

2. DATE OF DEATH

92 22558

	TREGIOTION		OL.		CAIL	JE DEF	4111		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	W.C.					. = =	MONT			YEAR	3. TIME OF OEATH
	EDNA PINDER BAN 4. SOCIAL SECURITY NUMBER	T -	7.45					AUG		, 199		3:15 P.M. M
	212 18 3857	1 🗆 M 2 💢 F	i. AGE (In yrs. last	YRS.	MONTHS D	AR IF UND	ER 24 HRS.	(Monti	of BIRTN h, Day, Year) 12, 1		Country)	LACE (State or Foreign YLAND
_	90. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TO	WN OR LOCA	TION OF D	EATN		9c. COUN	TY OF DE	ATN
DIRECTOR	ST. AGNES HOSPITA		CATON A	AVE. BALTIMORE								
DIRE	MARYLAND 10b. COUNT	Ψ		10c. CITY	BALT	OCATION IMORE						IOd. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER					101. ZIP CO	DE			10a, CITIZ	_	IAT COUNTRY?
FUNERAL	3026 CHELSEA TE						216			U.S.	OF	
표	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 N	WED	If yo	s, specify Cui	ban, Mexica	NIC ORIGIN	(Specify Yes Rican, etc.)	or No-	14. RACE - Block,	- American Indian, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1	YES 2 N	O Specif	y:			Specify	BLACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Gh	CEDENT'S I we kind of w Do NOT use	USUAL OCCL	PATION og most of wor	king	16b	KIND OF BUS	INESS/INDU	JSTRY	
APLE	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)			WORKE	R		PR	IVATE	FAMI	LIES	
8	17. FATNER'S NAME (First, Middle, Last)					18. MC	THER'S NA	ME (First, I	Middle, Maiden	Surname)		
BE (WILLIAM PINKNE	Y PINDER					LETTI					
5	190. INFORMANT'S NAME (Type/Print) MR. JAMES A. BA	NKS	3	407 T	ADDRESS (S	THE RN	PARK	Route Numi	BALTI	MORE,	MAR	YLAND 21215
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	ioval from State	20b. PLACE A cemetery, crem	ND DATEO	FDISPOSITION PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY	N(Name of	8/17/	DAT		CATION — C		n, Stata RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC			DION	22. NAI	E AND ADDE	ESS OF FA	CILITY				
	+ Lewis	THuy	me						NERAL AVE.			15-6393 E,MARYLAND
	23. PART i. Enter the diseases, or a shock, or heart failure.	complications that c	aused the dea	ath. Do n	ot anter the	mode of d	lying, auc	h aa cerd	flec or reapl	ratory arra	st,	Approximate
	iMMEDIATE CAUSE (Finel disease or condition	O T	on each line.	21	1-	: 1	0	when	1			Onset and Death
	resulting in death)	a. UE TO (O	R AS A CONSEQ	UENCE OF	THE	end	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	ouc	en	enri	Jon	1 segur
Z	Sequantially list conditions,	. AS	ev	D(Arte	riosc	lero	tic	Vascu	, lar	_	10 gr.
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OI	R AS A CONSEO	UENCE OF		case						0
임	CAUSE (Disease or injury that initieted events	c. DUE TO (O'	R AS A CONSEO	UENCE OF		- 4.00	/					
E	reaulting in death) LAST	d			,-							
	PART il Other significant condition	an contribution to d	adh had and	- 101 1								
EDICAL	PART II. Other algorificant condition ALZHEIM					lying cause	given in	Part i.	24a. WAS AN PERFOR			VERE AUTOPSY FINDINGS
ă	7-27611	167-	1713	CATS				— [1 TES 2	NO		COMPLETION OF CAUSE OF DEATH?
Σ								_ [1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
흥	EXAMINER?	HOSPITAL:	20.		OTHER:	8. PLACE OF						
.¥	27. MANNER OF DEATH	t Inpatient 2 XE		DOA 28b, TIME		Home 8 🔲	Residence					
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,		INJU	JRY	WORK?	□ NO	28G. DES	CRIBE HOW IF	JUHY OCCI	URED	
	3 Suicide 6 Could not be determined	28e, PLACE OF II building, etc	NJURY — At hor c. (Specify)	ne, ferm, si	rest, fectory,	office		281. LOC. City	ATION (Street e or Town, State)	nd Number o	or Rural Roo	ute Number,
	290. CERTIFIER					-						
COMPLETED		ICIAN: To the best of my										end manner ee stated.
w li	296, SIGNATURE AND TITLE OF CERTIFIE	TC	2. 10			29c. LI	CENSE NUI	WBER		29d. DATE	SIGNED (A	Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WH	HO COMPLETED CALLED	mo	Lan (* :	D-(-d)					18	-/4	1-92
						mas	PL	/. A	PR	ALTI	map	E 21211
	31. DATE FAUG 1 5 1992	BEGIST AR'S	SIGNATIVE	44		1-10/			-, 10	1-/1	100	

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filled in by

BALTIMORE, MARYLAND 21215-0020

22559 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1 CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR 92 TAMES 08 A SOCIAL SECURITY NUMBER 8. AGE (in vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) Maryland CHARLES COUNTY 7. DATE OF BIRTH 217-14-991 YRS. 26/0. 90. FACILITY NAME (# not institution, give street end of Stella Maris Hospice CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore Towson DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore Timonium 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7 Butterick Court 21093 U.S.A. 1t. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexicen, Puerto Ri 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES ВУ 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) Primary School Painter Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Maiden Surname) James M. Higgs Annie Pearl Oliver 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Gode) Mrs. Virginia M. Gunning 13100 Williamfield Drive Ellicott City, MD 21043 20e. METHOD OF DISPOSITION
1 X Surial 2 Cremetion 3 Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 ☐ Donation 5 ☐ Other (Specify) Woodlawn Cemetery 8/18/92 Woodlawn, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or haert failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final disease or condition resulting to death) Onset and Death a. Colon Ca with moins TAtic diseasE

DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE DE): that initieted evente resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 4 Nursing H 1 TYES 2 NO ne 5 🗆 Residence 8 📈 Other (Specify) Hospice 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural М ВY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER (Check only one) 1 X CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as attend. 29b. SIONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D 27087 08-15-92

Carla S. Alexander, M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204

32. REGISTRAR'S SIGNATURE

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31. DATE FILED (Month, Day, Year) AUG 15 1992

	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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	4. SOCIAL SECURITY NUMBER 214-44-6528	5. SEX 6	S. AGE (In yrs. last		IF UNDER 1		UNDER 24 HRS.	7. [DATE OF BIF (Month, Day,	TH Year)		8. BIRTHPI Country)	LACE (State or Foreign
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α	9e. FACILITY NAME (If not institution, give s						CATION OF	DEATH			9c. COU	NTY OF DEA	АТН
5	6203 Fortview	Way			Ba	ltim	ore						
DIRECTOR	10e. STATE 10b. COUNT	1		10c. CIT	Y, TOWN OR	LOCATION		_				1	Od. INSIDE CITY
	Maryland -			Ba]	timo	re							LIMITS?
¥.	10e. STREET AND NUMBER					101. ZIP	CODE				10g. CITI		AT COUNTRY?
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	21. BIGMATURE OF ROHERAL SERVICE CO	Skines		5	JOS	seph	N. Z	an	nino	Jr.	. Fu	unera	al Home
	23 PART J. Enter the disasses, or t	omplications that c	sused the dea	th. Do n	ot enter th	e mode of	Conk	11)	ng S	t. E	3a11	to. N	1d. 21224
	IMMEDIATE CAUSE (Fire)	List Only One Couse	on each line.						00.0.00	тоорие	lory or	ost,	Approximata Interval Batween Onset and Death
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٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	DE DEATH STEEL	27) (3	Deine)		0380	0 4)			3/13	192
	Bruza, MD	5505	OF DEATH (ITEM	ac D	ALILY	W.	r. Ba	14	mare	MO) 2	1224	
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3. TIME OF OEATH

Approximate Interval Between Onset and Death MIN

REG. NO.

2. DATE OF DEATH MONTH DAY

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

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o Codio not be	28e. PLACE OF building, e	INJURY - A	it home, ferm, s	street, fecto	ry, office		28f. LOCATION	N (Street end	Number or I	Rural Route	Number,
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Millet	1 /	u	4		J			7	DATE SI	III	mn, Dey, Year)
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NAME AND ADDRESS OF FACILITY State 2 Cremetion 3 Removal from State 20b.PLACE AND DATE OF DISPOSITION (Name of Camelory, crematory or other place) 22b. 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LOCA	Due to (or as a consequence of): auguentially list conditions, any, leading to immediate waste. Enter INDERTING Colored and the surface surface or injury auditing in death) LAST DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of	20. 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LOCATION - City or Town, cametery, crematory or other place) OATE Committee OATE OATE Committee OATE OAT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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FOR STATE REGISTRAR

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Clementine) 3. TIME OF PEATH ARHIN 4 SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. AGE (In. 5. SEX last birthday IF UNDER 1 YEAR IF UNDER 24 HRS & BIRTHPLACE (State or Fornice -10-580 1 🗆 M 2 🐧 YRS. filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should an or removal. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10b. COUNT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1140RE 1 YES 2 HO 100. STREET AND HUMBER 10f. ZIP CODE WHAT COUNTRY 23 22 retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cubin, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian Black, White, etc. 2 🗌 N IF YES GIVE WAR OR DATES BY 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIHD OF BUSINESS/INDUSTRY tomenaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Meiden Surname) notified at BE 19a. INFORMANT'S NAME (Type/Print) MAILING ADDRESS (Street and Number or Flural Route Number or, City or Town, State, Zio Codel 2 YON 2122 8 hours after death. Page 6 may be 20a. METHOD OF DISPOSITION 2 20a. METHOD OF DISPOSITION
1 Disposition 3 Disposition State
4 Donetion 5 Other Special 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City must examiner IRAL SETTICE LICEN N. Zahnino Jr. Funeral/ Conkling Street Balto. Joseph N. Home rious S. Md. the medical 23. MARY L Enter the diseases or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line Interval Between 6 IMMEDIATE CAUSE (Final **Onset and Death** attending physician and completely fille mal Hygiene prior to burial, cremation, disease or condition resulting in death) within event. DUE TO (OR AS A CONSEQUENCE OF) executed pratory minutes traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING AS A CONSEQUENCE OF DUE TO (OF 90 6 aural 1 Musos certificate CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events 18mos resulting in death) LAST phoraa n signed by the attent niury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO that shows any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO requires 1 YES 2 NG certificate has been h the State Dept. of h PHYSICIAN: AR. 23 25. WAS CASE REFERRED TO MEDICAL Hem ; The 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO OR ATTENDING PHYSICIAN: Hospice a Other (Specify) 4 🗆 No 0 27. MAHNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. DIRECTOR: After this c hours after death with 1 Natural 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 89 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 28 4 Homicide Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL (
within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the basis of a IMPORTANT: 296. SUGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGHED (Month, Day, Year) # # B BE 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LINUIUM 828 W. Eutawst. Obsert 37. REGISTRAB'S SIGNATURE LEVEL DAVIDSON - Mandall 31. DATE FILED (Month, Day, Year) AUG 15 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH

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BALTIMORE, MARYLAND 21203-3146	zerours after death. Page 6 may be retained by the hospital or attending physic	
D 212	ospital or	
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MARY	retained	
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ALTI	death.	
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MATERIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mounts after death. Page 6 may be retained by the hospital or attending physician.

THE THAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

ANTER IT IN THE THAT HE HOSPITAL AT A THE THAT HAVE A THAT THE TRANSITY, OF OTHER TRAINFACTURE EVENT, THE MEDICAL EXAMINET THE NOTE. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	NE
		CI	ERTIFICATE	OI	F DEAT	ГН		REG. N	0.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIENI REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Nicholas	F.	Pastore			2. DATE OF DEATH MONTH 14 DA	199Ž ^{EAR}	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-18-9832	1 🔀 M 2 🗆 F		UNDER 1 YEAR HITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-06-19	Cgu	ITHPLACE (State or Foreign
OR	90. FACILITY NAME (4) not institution, give Hill Manor Seton Nursing	street and number) Center	91		imare	ATH	9c, COUNTY OF	DEATH /
DIRECTOR	10s. STATE 10b. COUNT	TY .		timore				10d. INSIDE CITY LIMITS?
	Maryland -	in Characte	Dai		ZIP CODE		10g. CITIZEN OF	1 № YES 2 NO
FUNERAL	124 W. Frankl	12. WAS DECEDENT EVER I FORCES? 1 TYPES	N U.S. ARMED			IC ORIGIN? (Specify Year, Puerto Ricen, etc.)	or No 14. RA	ACE American Indian, ack, White, atc.
ВУ	1 Never Married 2 25 Married 3 Wildowed 4 Divorced	WW II	DATES	1 TES	2. NO Specify:			hite
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during modelred.)	st of working	16b. KIND OF BUS		
OMP	8th 17. FATHER'S NAME (First, Middle, Last)		G.I. Ca	ab Com		G.I. C		npany
BE C	John	Pastore			Maria		Cicaro	ne
TO B	19a, INFORMANT'S NAME (Type/Print)					loute Number, City or Town	, Stete, Zip Code)	
_	Frances T. Pas					. Balto.		
	20a. METHOD OF DISPOSITION 14 Burlal 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	noval from State D1	Laney Valance	alley	Mem. Ga	rdens Ti	cation — city or monium	n, Maryland
	21. SIGNATURE OF BUNERAL SERVICE L	Live		Josen	oh N. Za	annino Jr	. Fun	eral Home
NO	23. PA(T-t) enter the diseases, o shock, or heart infine immediate CAUSE (Fine disease or condition resulting in daeth) Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF):				story arrest,	Approximate Interval Between Onsat and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	es a	rvell	iters.		
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO					24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PI	ACE OF DEATH (Che	eck only one)		
ΗXS	1 TYES 2 NO	1 Inpatient 2 ER/Out	tpetient 3 DOA 4		e 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURE	
ΥP	Netural 5 Pending	(Month, Day, Year)	INJUR	Y WC	PRK? YES 2 NO			
	2 Accident 3 Suicide 8 Could not be determined	28a. PLACE OF INJUR	Y — At home, farm, streecify)	et, fectory, offic	•	28f. LOCATION (Street a City or Town, State)	nd Number or Rui	ral Route Number,
COMPLETED	ana)	SICIAN: To the best of my know						tain) and manner as stated
	29h. SIGNATURE AND TITLE OF CENTIFIC				29c. LICENSE NUN	No.		NED (Month, Day, Year)
TO BE	0 65	M.D.			D 172	202	▶ 8	1/4/92
-A	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, PI	int)	PROM	a AUP	Dal	Palis a more
	31. DATE FILED (Month, Day, Year) AUG 15 1997	32. AEGISTRAPS SIG	NATURE Anders		· ·		1	70/2122

D 21215-0020	spital or attending physician	0 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should effect the with the State Dept, of Health and Mental Hypiene prior to buriat, cremation, or removal.	
BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the ho	the funeral director, page 5 should be detacted.	I examiner must be notified at once
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the deat	this certificate has been signed by the atternoon with the State Dept. of Health and Mental	irked, or Item 23 shows any Injury,
DIVISION	TO THE HOSPITAL DR ATTENDING I	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death	IMPORTANT: If Item 28 is mai

	1 - FOR STATE REGISTRAR	OF MARYLAND	/ DEPAR	TMENT OF H	IEALTH AND	MENTAL HYGIEI	NE	2 2 2 3 6 4	
		TKINS				2. DATE OF DEATH		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 3. 5. SEX 1 M 9. FACILITY NAME (If not institution, give street and nu	<i>*</i>	yrs.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	28	BIRTNPLACE (State or Foreign Country) MARYLAND	
CTOR	Stella Maris Hospice	moer)		9b. CITY, TOWN O		DEATH	9c. COUNTY Bal	of DEATH timore	
DIRECTOR	MARYLAND 106. COUNTY			y, town or locat BALTIMOR				10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO}\) NO	
FUNERAL	802 WEDGEWOOD ROAD 11. MARITAL STATUS				21229		U.S.	OF A.	
ВУ	1 Never Married 2 Married 17. WAS I FOR FOR IF YES	DECEDENT EVER IN U.S. A ES? 1 VES 2 G, GIVE WAR OR DATES	RMED NO	13. WAS DEC If yea, spi 1 — YES	ecify Cuban, Maxi	ANIC ORIGIN? (Specify Ye can, Puerto Rican, etc.) offy:		RACE — American Indian, Black, White, etc. Specify: BLACK	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th 2 YR	1-4 or 5 +)	ECEDENT'S Sive kind of vi Do NOT us	USUAL OCCUPATION WORK done during modern retired.)	DN st of working	DRESS MA			
BE CO	17. FATHER'S NAME (First, Middle, Last) MAJOR STITH 19e. INFORMANT'S NAME (Figo-Print)				CO	RA HINES			
10	MRS. CYNTHIA FORD		802 1	VEDGEWOO	D ROAD	BALTIMORE	MARYLA	ND 21229	
	20e_METHOD OF DISPOSITION Dispuriel Coremetion 3 Removal from 4 Donation 5 Other (Specify) 21. SIGNATURE OF FINE RAL SERVICE LICENSER	20b. PLACE cemetery, cr.	and date of the matery of of	PER DISPOSITION (No.	ERY 8/	15/92 BALT	CIMORE,	MARYLAND	
	* Louis J &	wynn	,	LEWIS	T. GWY	NN FUNERAL	BALTI	MORE MARYLAND	
	23. PART I. Enter the diseases, or complication shock, or haert failura. List only immediate cause (Finei disease or condition resulting in death)	ons that caused the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department of the department	ie (Dt enter the mod	de of dylng, au	ich as cardiac or resp	iratory arrest,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE DF): DUE TO (DR AS A CONSEQUENCE DF): d.								
PHYSICIAN: MEDICAL (PART II. Other eignificent conditione contribu	rasuiting l	n tha underlying	causa givan l	n Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpeti	AL:	□ DOA	OTHER:	ACE OF DEATH (C	heck only one) 6 XOther (Specify)	Hospic	e	
ВУ РН		DATE OF INJURY Month, Day, Year)	26b. TIME INJU	JRY WOI		26d. DESCRIBE HOW I	NJURY OCCURE	D	
	3 Suicide 6 Could not be detarmined	PLACE OF INJURY — At ho pullding, etc. (Specify)	me, farm, st	treat, factory, office		28f. LOCATION (Street City or Town, State)	and Number or Re	ural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 X CERTIFYING PNYSICIAN: To the Discrete Check only one) 2 MEDICAL EXAMINER: On the bit	best of my knowledge, de	ath occurred	d at the time, data :	and place, and du ath occured at th	e to the cause(a) and mar e time, data and place, an	nner as stated. d due to the cau	ree(a) and manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER CALLA & Q	leyand	ev.	0	29c. LICENSE NU D 27		29d. DATE SIG	NED (Month, Day, Year) -12 -92	
	30. NAME AND ADDRESS OF PERSON WHO COMPLET Carla S. Alexander, M.	.DStella	Maris		e-Dulan	ey Valley I	dTow	son 21204	
	31. DAY (15 15 1992 922 P.	HETRAR'S SICKATURE	of the						

2 YRS.

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MUS. CHATRIA FORD

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TIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

17 PAL DIFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

18 Herm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

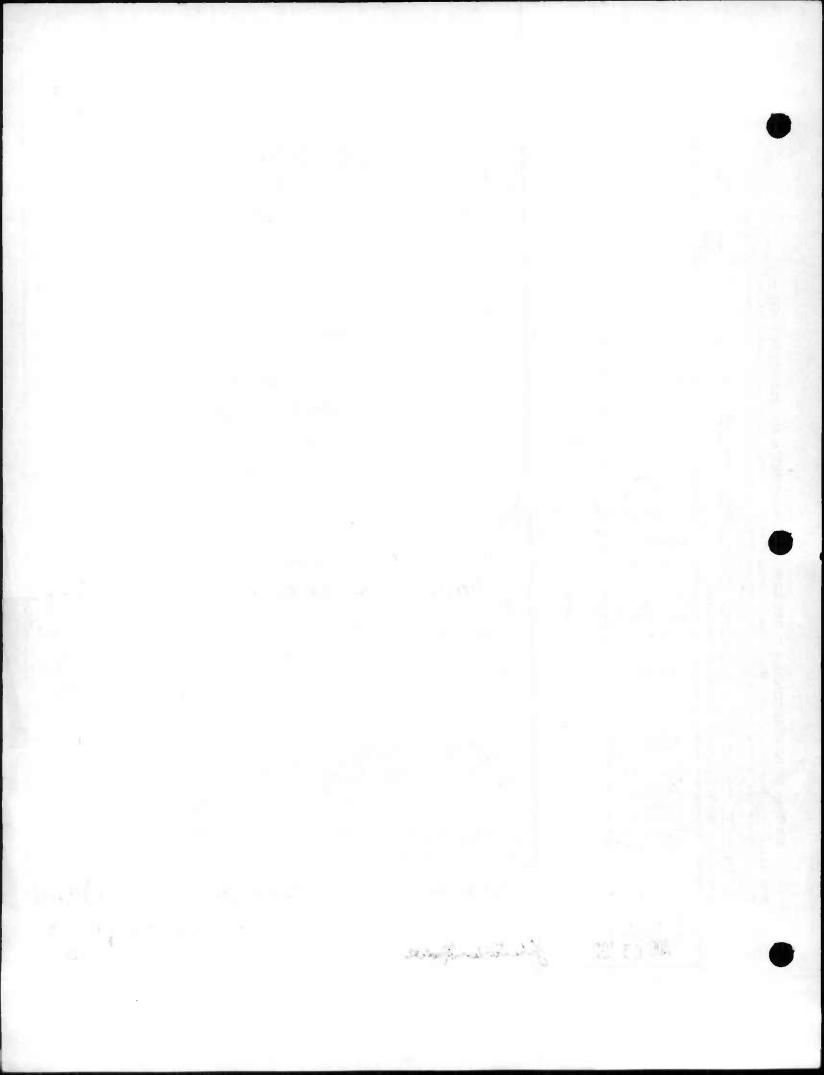
STATE OF	MARYLAND / DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	O	F DEAT	H		BEG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPARTMEN CERTIFICAT	IT OF HEALTH AND E OF DEATH	MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	HELEN M. WHI	TE				1. 5°	2 04:55 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	. last birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	213-20-6734	1 M 2 DF	7 YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	102/	(Mary) 0 0
	9a. FACILITY NAME (If not institution, give s	street and number)	9h Cil	TY, TOWN OR LOCATION OF E	MATH /C	9c. QOUNTY	or serve
œ		· · · · · · · · · · · · · · · · · · ·			200 00000	SC. QUUNT	OF DEATH
DIRECTOR	THE UNION MEMO	KIAL HUSPITAL		BALTIMORE CIT	. I		
Ä	10p. STATE 10b. COUNT	Y	10s. CTDF, FOWN	OR LOCATION			10d. INSIDE CITY
<u> </u>	Maryland	1	Bath	temas . A	A		LIMITS? 1 ☑ YES 2 ☐ NO
4	100. STREET AND NUMBER	1 - 1	-	101. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
FUNERAL	501 K Fren	ten M		12/20	2	11	8A
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.		. WAS DECENDENT OF HISPA	ANIC ORIGIN? (Specify Y	a or No.— 14	. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES 2 FYES, GIVE WAR OR DATES	DNO	If yes, specify Cuben, Maxic	an, Puerto Rican, etc.)	50000	Black, White, atc.
B	3 Widowed 4 Divorced	2.12.00					Specify: Black
	15. DECEDENT'S EDU (Specify only highest grade	CATION 16a.	DECEDENT'S USUAL	OCCUPATION a during most of working	16b. KIND OF BI	JSINESS/INDUS	THY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired	1	-		
M M			Domes	70			
COMPL	17. FATHER'S NAME (First, Miligio, Last)	11		18. MOTHER'S N	AME (First, Middle, Maide	n Sumame)	
BE	John DOAR	deu		Hnn	ie WR	aht	
5	196 JINEORMANT'S NAME (Type/Print)		196. MAILING ADDRE	SS (Street and Number or Rura	Route Number City or To	wif, State, Zip Co	(de)
-	HVERTA W	11/1Ams	6106 1) un Romin	2 Rd	210	39
- 1	20s. METHOD OF DISPOSITION 1 Source 2 Cremation 3 Ram	20b.PLAC	CE AND DATE OF DISP	SITION (Name of	DATE 20c. L	OCATION - CIT	or Town, State
	4 Donation 8 Other (Specify)	100	cremetory or other p	DAR (em	1011 0	etons	Ville Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	DENSEE	F	MANERAL AROPESSANDE	Louise 1874		R 124 PA
	>>>0 m = 1/2	11000	2	4101 CAMO	ndsom n	- / 0	
	23. PART I. Enter the diseases, pro	complications that caused the	death Do not ent	or the mode of dules on	ah aa aa dhaa a		
H	anock, or neart lengre.	List only one cause on each it	Ine.	in the mode of dying, au-	on aa cardiac or resi	oratory arrest	Approximate interval Between
1	IMMEDIATE CAUSE (Final disease or condition	5011111111111111					Onset and Death
- {	resulting in death)	DUE TO (OR AS A CON	CECC CA	Ranomy	OF GAC.	JAE,	
_							
HIFICALION	Sequentially list conditions,	b. MULTIPLE P DUE TO (OR AS A CONS	SEQUENCE OF:	75			
₹	if any, leading to immediate cause. Enter UNDERLYING	SEPCTS.	,				
=	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONS	SEOUENCE OF):				
	resulting in death) LAST	Til.					
2		· /					
4	PART II. Other algolificant condition	s contributing to death but no	ot resulting in the u	inderlying ceuse given in	Part I. 24s. WAS A		24b. WERE AUTOPSY FINDINGS
₹ II	77 1231.				1 YES	THEO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						7	OF DEATH?
5 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)		
H SICIAN:	1 □ YES 2 100	HOSPITAL: 1. Inputiant 2 - ER/Outputient	3 DOA 4 N	R: Irsing Home 5 - Residence	8 Other (Specify)		
Ē	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT	284. DESCRIBE HOW	INJURY OCCUR	ED
	1 Accident 5 Pending Investigation	(Month, Buy, 10m)	M	WORK?			
5	3 Suicide 8 Could not be	28a. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, street, fe	ctory, offica	281. LOCATION (Street	and Number or I	Rural Route Number,
L L	4 Homicide determined				City or Town, State	7	
	29a. CERTIFIER Check only	ICIAN: To the best of my knowledge,	death occurred at the	time, data and place, and day	to the cause(s) and	most as state 1	
Ē		R: On the basis of exemination and/					tute(s) and manner as stated
3	29b. SIGNATURE AND TITLE OF CERTIFIER						
4	XV/Ola Lu			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO		TEM 27 /3 2			108	.11.72
	KARL O CAFS	CADA 1 (IL	I A 1 1 1 5	EMORIAE	110001-	0.1	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATION	SIVN MI	moved AC	41901	+.	
	AUG 15 1992	32. REGISTRAR'S SIGNATURE	delle				
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	TMENT OF H	EALTH AND	MENTAL HYGIENE REG. NO.	Ē	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	VERNA V.	ANDERSON				JULY 31		
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIF	KTHPLACE (State or Foreign untry)
	389-12-2661 9a. FACILITY NAME (If not institution, give	1 □ M 2 💢 F 82	YRS.			JAN.9,1910) WES	ST VIRGINIA
Œ	8311 SPRING BLOS				R LOCATION OF O	EATH	9c. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT			LAURI			HOWA	ARD
FE	10a. STATE 10b. COUN		10c. CITY	TOWH OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	MARYLAND HOW	ARD		LAUREL				1 YES 2 NO
RA	8311 SPRING BLOS	SOM COURT		107.	20723			F WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECI		NIC ORIGIN? (Specify Year	USA	ACE — American Indian
BY F	1 Never Married 2 Married 3 Wildowed 4 X Divorced	FORCES? 1 YES		If yes, spe	ctty Cuben, Mexic	an, Puerto Rican, etc.)	Bi	ACE — American Indian, ack, White, atc.
							WHi	TE
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	le completed)	(Give kind of we life. Do NOT use	ork done during mos	N st of working	16b. KINO OF BUSI	INESS/INDUSTRY	
PLI	Elementary/Secondary (0-12)	College (1-4 or 5 +)	MISSION					
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden S	Sumame)	
BE (THEADORE CART	ER			EFFIE :	McALISTER		
0	19a. INFORMANT'S NAME (Type/Print)	(Route Number, City or Town,		
	GEORGE H. ANDERS 200. METHOD OF DISPOSITION	(OURT LAUREL		
	1 Buriel 2 Cremation 3 Res	noval from Stata cem	PLACE AND DATE OF	FDISPOSITION (Nar TANK CDEW	me of		ATION City or	
	21. SIGNATURE OF FUNERAL GERVICE L		LIKOI OLI	22 NAME AN	D ADDRESS OF EA	CHITY		VIRGINIA
	►(3) /\·	5/ (FRANCI	S J. CO	LLINS FUNER	AL HOME	E, INC.
	23. PART I. Enter tha diseeses, or	complications that caused	the death Do no	No OUC	I VERSIT	Y BLVD.,W.	SIL.SPE	
	ehock, or heert fellure IMMEDIATE CAUSE (Final	. List only one cause on ea	ach line.	ontar the moc	or dying, suc	in es cardiec or respin	story arrest,	Approximeta Interval Batween
	disease or condition resulting in death)	- Ne	rena 20	en di	a leen	2.		Onset and Death
	reading in death)	DUE TO (OR AS A	CONSEQUENCE OF			9		199
S	Sequentially list conditions,	a Ca	neer	0/	over	4		6mos
ATI	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF)	. 0		7		
FI	CAUSE (Disease or Injury that Initiated eventa	OUE TO (OR AS A	CONSEQUENCE OF)	:				
CERTIFICATION	resulting in death) LAST	d						
	PART II. Other significant condition	ns contributing to death br	ut not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AN A	LITTOREY .	46, WERE AUTOPSY FINDINGS
ICAL				the anactifing	oodse given in	PERFORM	NED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
AED						1 🗆 YES 2	NO	OF DEATH?
ž						_ ~		1 TES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			ACE OF DEATH (Ch	eck only one)		
YSI	1 TYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpi		OTHER: Nursing Home	5 Residence	8 Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	286. TIME INJU	RY WOR	IK?	28d. OESCRIBE HOW IN.	JURY OCCUREO	
BY	Accident Investigation	28e. PLACE OF INJURY	— At home term et		ES 2 NO			
	4 Homicide 6 Could not be determined	building, atc. (Speci	fy)	eat, factory, office		281. LOCATION (Street and City or Town, State)	d Number or Rura	I Route Number,
빌	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my knowle	ados, death occurred	at the time date of	and place and due			
COMPLETED	(Check only one) 2 MEDICAL EXAMIN	ER: On the basis of examination	and/or investigation,	In my opinion, de	ath occured at the	time, date end place, and	or as stated.	o(8) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI			ED (Month, day, Year)
O BE	made (). Willy	m		D23	473	> ¬	31 92
10	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, F	rine)	(C	bus 9	00.10	0444
	31. DATA FILED (Month, Day Year)	2 REGISTRAR'S SIGNA	TURE	may !	001 0	In D	Denne A	10220
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BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

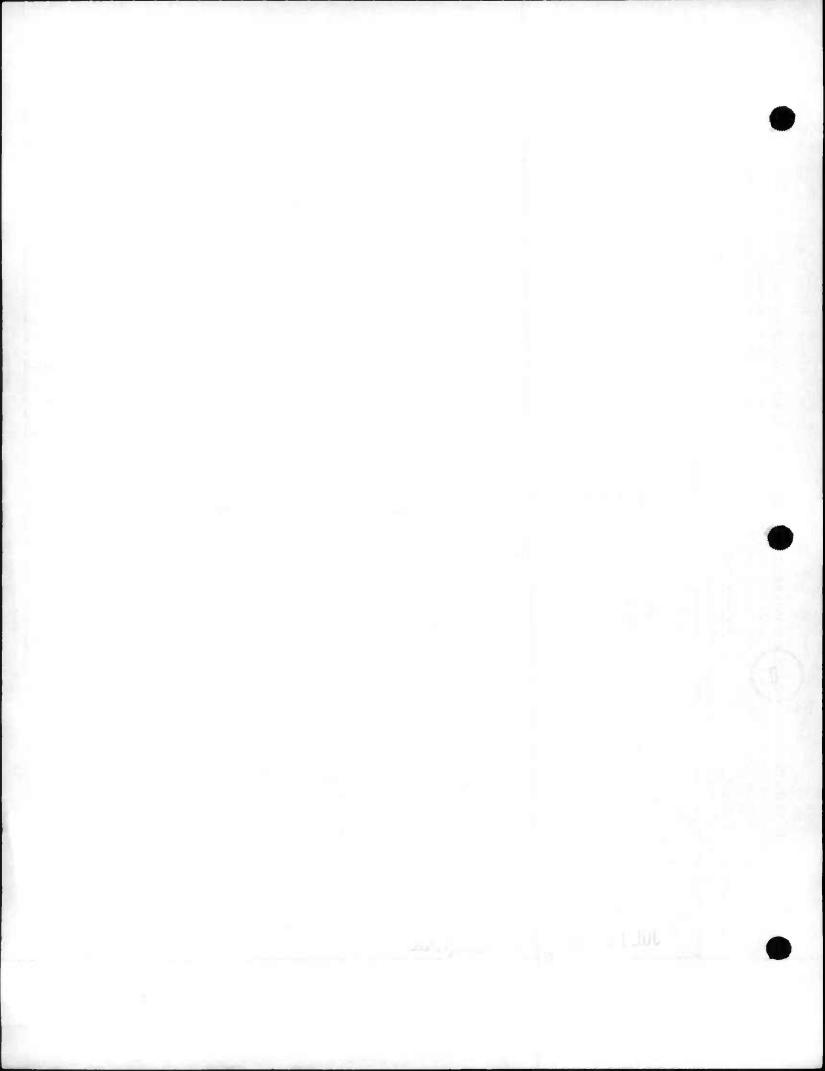
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TO THE HOSPITAL DR ATTENDING PROCESSION IN the requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After the continue of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	be new main 12 hours are noted. The many or new 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE H	TO THE F	IMPORT

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT O	HEALTH AND	MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						TE OF DEATH		3	. TIME OF DEATH
- 1	MARCARETY	TA IRENE ASHLIN					NTH D	-	EAR >	11:18="
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YE			E OF BIRTH		BIRTHPL	ACE (State or Foreign
	182-22-8627	1 - M 2 00 F	64 YRS.	MONTHS DA	TE HOURS MIN.		onth, Day, Year) 2-1-192		Country)	
	9e. FACILITY NAME (If not institution, give stre	net and number)		9b. CITY, TO	VN OR LOCATION OF	DEATH	2-1-192	9c. COUNT		ylvania TH
8	Holy Cross Hospi	tal		Silve	Spring			Montg		
DIRECTOR	RESIDENCE OF DECEDENT									
2	10e. STATE 10b. COUNTY			Y, TOWN OR L					10	Od. INSIDE CITY
	Maryland Montg	omery	Silv	er Sp	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				- 1	YES 2 NO
₹	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE	N OF WH	AT COUNTRY?
FUNERAL	2207 Greenery La				20904			US	A	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS	DECENDENT OF HISP , specify Cuban, Mexic	ANIC ORIG	SIN? (Specify Yes	or No 14	RACE -	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			YES 2 NO Spec				Specify:	White
	15. DECEDENT'S EDUCA	TION T	16a. DECEDENT'S	I COCCUI	471011	I to				MILLE
COMPLETED	(Specify only highest grade or	ompleted)	(Give kind of v	vork done durin	most of working	- '	66. KIND OF BUS	INESS/INDUS	THY	
ᆲ	Elementary/Secondary (0-12)	College (1-4 or 5+)	Waitres				Dogt	aurant		
Ş O	17. FATHER'S NAME (First, Middle, Last)		Waltica	30	10 MOTHER'S	AME /Ei-	, Middle, Maiden			
	Montgomery McCor	mick			Hazel 1			Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	et end Number or Rura			State 7/o Co	refe l	
임	Tony Cerato		1							
	20. METHOD OF BISBOSITION	20b	PLACE AND DATE			-	Oaks, CA. 91362			
	1 Buriel 2 Cremation 3 Remov	ral from State	etery, cremetory or of the LInco	ther place)	matory	, 0,	OATE 20c. LOCATION - City or Town, Stata Brentwood, Maryland			
	21. SIGNATURE, OF THIS PRAL SERVICE LIES	MSEE /	C. HINCO		AND ADDRESS OF	ACILITY	DIE	II C WOOO	, Me	ryland
	× X (h.l. ; 14)	Kull	•	Hine	s-Rinald:	L Fui				
-	July 10	March		1180	00 New Har	npsh:	ire Ave	. Silv	er S	Spring, MD.
ļ	23. PART i. Enter the diseases, or co ahock, or heart failure. Li	mplications that caused lat only one cause on er	the death. Do n	ot enter the	mode of dying, au	ch aa ca	irdiac or reapi	ratory arrea	t,	Approximate interval Between
	IMMEDIATE CAUSE (Final		D .							Onset and Death
	disease or condition resulting in death) a.	Ca	- v dio vo	مهرددا	ar Di	Se	acre	•		
. 1	DUE TO (OR AS A CONSEQUENCE OF):									
S I	Sequentially list conditions,									
RTIFICATION	tif any, leading to immediate cause. Enter UNDERLYING									
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	ብ:						-
	resulting in death) LAST			-						İ
B	0.									1
4	PART ii. Other aignificant conditions	contributing to death bu	it not reaulting i	n the under	ing cause given in	Part I.	24a. WAS AN . PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
MEDIC							1 YES 2		C	OMPLETION OF CAUSE F GEATH?
Ž.										YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only	one)			
2	1 NO 1	1 Inpetient 2 I ER/Outpe	Itlent 3 DOA	OTHER:	Iome 5 🗆 Residence	8 🗆 Oti	her (Specify)			
E	27. MANNER OF DEATH S Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	E OF 28c.	INJURY AT WORK?	28d. D	ESCRIBE HOW IN	JURY OCCUP	ED	
à l	1) Natural 5 Pending Pending Investigation			M 1	YES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, atc. (Speci	— At home, farm, a	treet, factory,	ffice	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				te Number,
	4 Homicide determined City or lown, State)									
COMPLEIED	29e. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	edge, death occurre	d at the lime,	lets end place, end du	e to the c	ause(e) and men	ner as stated,		
5	one) 2 MEDICAL EXAMINER:	On the basis of examination	end/or investigation	n, in my opinio	n, death occured at th	e lime, de	te end place, and	f due to the c	euse(e) er	nd manner ee stated.
ם ה	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	Т	29d. DATE S	GNED (M	onth, Day, Year)
	dot 0	well	Sens		208	Y2.	6	17.	->0	-92
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEA						,	E 2	, , _
	John Ta	n pen	8318	216	concins	Ac	7 9	17se	soc	· law a
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE							
	JUL 31 92 g	was well assessment of	- COC							

	BALTIMORE, MARYLAND 21215-0	stained by the hospital or attending	should be detached for use as the		stiffed at once.
		TO THE MOSPITAL, OR ATTENDING PHYSICIAN: The law recovery that the certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed or minimiding physician and completely filled in by the funeral director, page 5 should be detached for use as the	n, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ath certificate be executed within 24	mending physician and completely fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, or other traumatic event, the
(VITAL RECORDS,	CIAN: The law recome that the or	artificate has been significate has	he State Dept. of Health and Mem	or item 23 shows any injury
	DIVISION OF	SPITAL OR ATTENDING PHYSIC	NERAL DIRECTOR: After this cer	hin 72 hours after death with th	NT: If item 28 is marked,
		TO THE H	TO THE FU	be filed wi	IMPORTA

FOR 1 - STATE REGISTRAR	STATE OF M				F HEALTH		NTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Last						2.	DATE OF DEATH MONTH	v 9:	Z 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-34-1177	1 X M 2 - F	6. AGE (In yrs. 54		IF UNDER 1 YE MONTHS DA	YS HOURS	MIN.	DATE OF BIRTH (Month, Day, Year)	7	BIRTNPLACE (State or Foreign Country) arvland
90. FACILITY NAME (If not institution, give Washington Coun RESIDENCE OF DECEDENT		a1			erstown			9c. COUNTY Was	of DEATH Shington
10a. STATE 10b. COUN	erick		10c. CITY,	TOWN OR LI	erson				10d. INSIDE CITY LIMITS? 1 YES 2 YNO
100. STREET AND NUMBER 5832 Catholic	Church Roa	ad			10f. ZIP CODE 217	55		100	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	EVER IN U.S. YES 2X R OR DATES	ARMED XNO	13. WAS If you	DECENDENT OF	HISPANIC C	PRIGIN? (Specify Yes uerto Rican, atc.)	or No- 14.	Black, White, etc.	
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	COTION completed) College (1-4 or 5+)		DECEDENT'S U (Give kind of wo life. Do NOT use Carpen	ork done during retired.)	PATION g most of working		Constru		TRY
17. FATHER'S NAME (First, Middle, Last) William J	. Allen, S				E	. Naoi	First, Middle, Meiden m.i. Toms		
Mrs. Mary R. Allen			19b. MAILING ADDRESS (Street and Number or Purel Pourte Number, City or Town, State, Zip Code) 5832 Catholic Church Rd., Jefferson, Md. 217					Md. 21755	
20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AND DA 20b. PLACE AN			cromatory or oth	pare DATE 20c. LOCATION - City or Town, State 20c. LOCATION - Ci					y or Town, State 2 Petersville
23. PART I. Enter the disease, or ahock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that List only one caus	ceused the e on eech ill	SEQUENCE OF	ot enter the	Fast Commode of dyin	g, auch ea	St Francisco raspi	ederic ratory arreat	ral Home k Md 21701 Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DETO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF):									
						I. 24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1									
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth, Dey, Vear) 28. DATE OF INJURY (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth) (Morth							From Roof		
4 Nomicide detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN		y knowledge,		at the time,		end due to th			2 (75)-
296. SIGNATURE AND TITLE OF CERTIFIE	R Diff	siv (40-			SE NUMBER			IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	of Ho att				oshii,	ue.	st- He	perk	121+40
31. DATE FUE (MONT). 15 1992	Julia Jaryak								

J. 32. REGISTRAR'S SIGNATURE Julia Layuson-Randale



OHMH-16 Rev 1/89

the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be Mental Hygiene prior to burial, cremation, or remoral. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certifical its be filed within 72 hours after death with the Stum December MPORTANT: If Hem 28 is marked, or Hem 23 shown

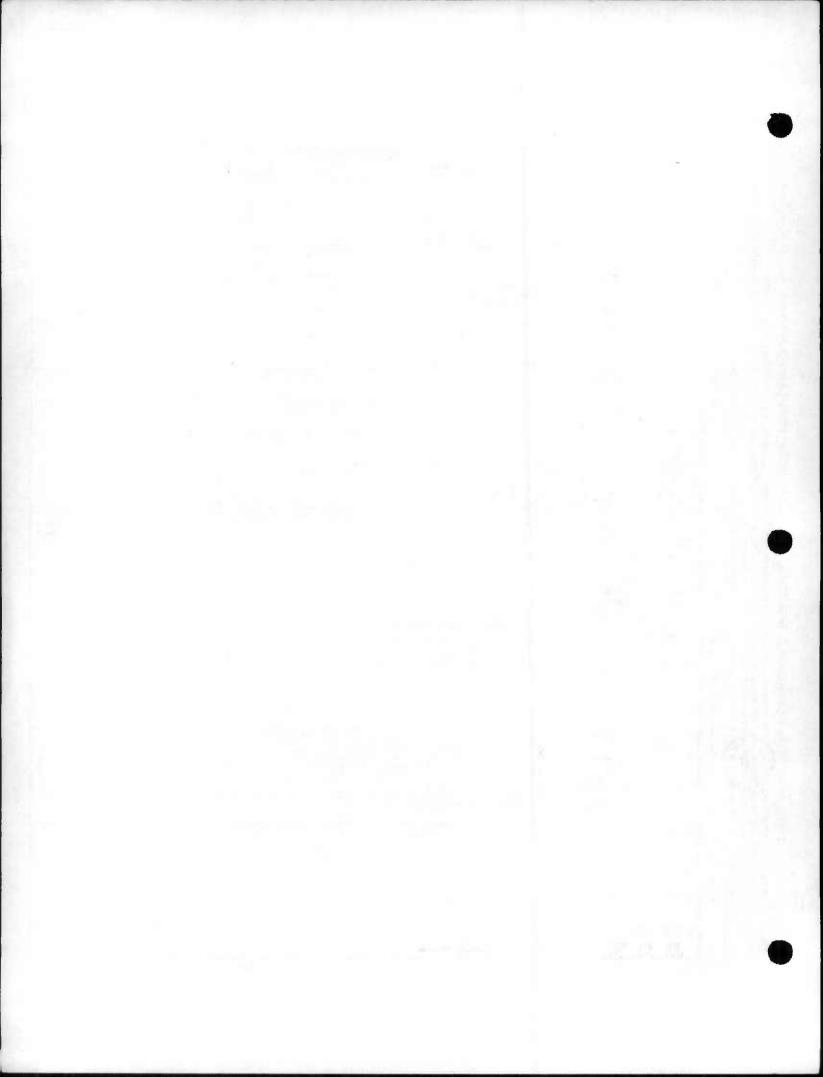
Alig 03 '92

	1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPAR CERTIF				MENTA	L HYGIEN	E		
	4. SOCIAL SECURITY NUMBER	LLE Adkins Lucy Belle Adkins 2. DATE OF DEATH DAY 1 - 31 - 1992 2 S. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HMS. (Morth, Day, Year) Country) MONTHS DAYS HOURS MIN. MAR. 21 1 1010 TO THE TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPE								2 64 ,	
TOR	See FACILITY NAMEY'S not instruction, give street		· 6 1	1	TOWN OR LO	ocation of D		. 21,1		vor of of of of o	irginia rd
- DIRECTOR	Maryland Hari	ford		y, town or Dingd	On						INSIDE CITY LIMITS? YES 3 NO
FUNERAL	3815 F, Memory I	Lane			10f. ZIP	21009				N OF WHAT O	COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 Tyes IF YES, GIVE WAR OR DATE	2√ NO	14	yes, specify	ENT OF NISPA Cuban, Maxici NO Specif	an, Puerto	Y? (Specify Yes Rican, etc.)	or No— 1	RACE — Ar Black, White Specify: White	nericen Indian, e, etc.
COMPLETED	6	ghest grade completed) (Give kind of wo				ork done during most of working getired.)				STRY	
BE CO	17. FATNER'S NAME (First, Middle, Leat) Calaway Saybi	ird Penning	rton			motner's na Sarah	Mal:	Middle, Maiden	sumame) Iaqv		
TO B	19a. INFORMANT'S NAME (Type/Print) William D. Adkins						Route Num	ber, City or Town	, State, Zip C		
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	oF OISPOSIT	morial Gardens 8+3-92 Rel Air N								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009								P.A.		
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST b. Mainteric Autry (hrombosis OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEC? 1 YES 217 NO							OF OE	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE ATH? YES 2 \(\square\) NO		
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL 28. PLACE OF DEATN (Check only one)										
IYSIC		OSPITAL:			ng Nome 5	☐ Rasidence					
BY PI	1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 2	WORK?		28d. OES	CRIBE NOW IN	JURY OCCUP	REO	
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LC							t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			ımber,
COMPLETED	2 MEOICAL EXAMINER:	N: To the best of my knowled On the beste of examination a								ause(e) and n	nenner as stated.
TO BE	Denter Number 299 LICENSE NUMBER 290. DATE SIONED (Month, Day, Year)										
F	MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OFATE	N (ITEM 27) (Tona	Print)	10	0 10	44			18/1	10

Same - Bank Buth muchous a new more FOR

OF VITAL	BAYSICIAN THE I	this certificate to with Charles Come De
DIVISION	TO THE HOSPITAL OR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR: After this conficulation be filed within 72 hours after dead with the filed within 72 hours after dead.
	뿔	計画
1	2	23

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPART	CATE C	HEALTH F DEA	AND N	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Leet) JAY RICHARD	BRILL					2. DATE OF DEATH MONTH JULY	DAY	YEAR 1992	3. TIME OF DEATH 4:45 P M
	278-36-4342			IF UNDER 1 YEAR	B HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV 17,	925	Countr III	inois
TOR	9a. FACILITY NAME (If not institution, give atreet MALCOLM GROW USAF M RESIDENCE OF DECEDENT		2		N OR LOCATI				NCE G	EORGES
DIRECTOR	10e. STATE 10b. COUNTY Virginia Fair:	fax		lexand						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 8406 Brewster Drive				101. ZIP COD	-			STIZEN OF V	WHAT COUNTRY?
B	11. MARITAL STATUS 12 1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 [IF YES, GIVE WAR OR DATES		If you		ın, Mexica	HC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No-	Spec	E - American Indian, t, White, etc.
COMPLETED	16. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) C	pleted) oflege (1-4 or 5 +)	DECEDENT'S (Give kind of w life. Do NOT use	ork done during e retired.)	most of world	ng	16b. KINO OF	orati		
BE COMF	17. FATHER'S NAME (First, Middle, Last) Dwight W Brill	nageme	irc sup			ME (First, Middle, Melcora A McC	ien Sumame			
TO B	190. INFORMANT'S NAME (Type/Print) Kathleen A Brill		8406 B	rewste	r Dri	ve A	Noune Number, City or Alexandri	a, VA	2230	
TO BE COM	20s. METHOD OF DISPOSITION 1 Devise 2 Cremetion 3 Removal from State 20s. PLACE OF DISPOSITION (Name of cametery, cremetory or other place) 20s. LOCATION — City or Town, State 20s. LOCATION — City or Town, State Arlington National Cemetery 21. SIGNATURE OF FUNEIAL SERVICE LICENSEE 22s. NAME AND ADDRESS OF FACILITY Demaine Funeral Homes, Inc									
	23. WART I. Enter the diseases, or com- shock or heart fallure. List			F	lexan	dria.	, Virgini	a 223	314	Approximate Interval Between
								Onset and Death		
NO	Sequentially list conditions,	SUBDURAL DUE TO (OR AS A CON	HEMORE	RAGE						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CORONARY ARTERY DISEASE DUE TO (OR AS A CONSEQUENCE OF): MULTIPLE MYOCARDIAL INFARCTIONS								
L CER	PART II. Other algnificant conditions of							AN AUTOPS	BY 24t	WERE AUTOPSY FINDINGS
MEDICAL CE							PER	FORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEI		OSPITAL:	1 3 DOA	OTHER:	B. PLACE OF I		eck only one) 8 Other (Specify)			
ВУ РНУ	27. MANNER OF CEATH 1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c	INJURY AT WORK?			OESCRIBE HOW INJURY OCCURED		
TED	3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	LACE OF INJURY — At home, farm, street, factory, office uliding, etc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Route Number,	
O BE COMPLE	one) 2 MEDICAL EXAMINER: (N: To the best of my knowledge On the basis of examination and			on, death occi	ared at the	time, data and place	, and due to	o the cause(
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	7 (TEM 27) (Tree	Print	29c. LK	ENSE NUI	MBER			24, 1992
	JOHN L. HAWS, CAPT						ANDREW	IS A 1	F B, 1	MD 20331
		hia Davidson Aban	Less		40					

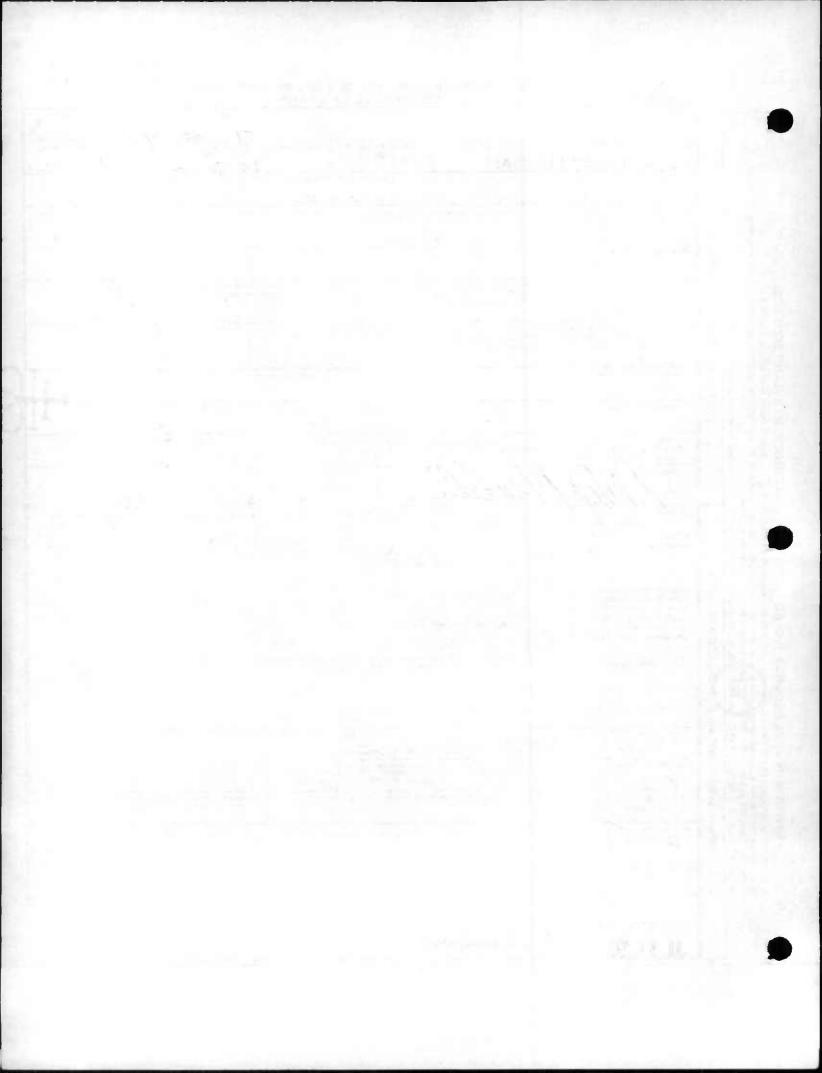


1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALLIMONE, MANTLAND ZIZIS-0020	24 nours after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag	tion, or removal.	the medical examiner must be notified at once.	
STICE OF THE PROPERTY OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION O	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement in death certificate be executed within Za nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has new righted by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages	be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 sown my Intry, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	2 2 2 3 1 1			
	1. DECEDENT'S NAME (First, Middle, Last) CHANG OK	300			2. DATE OF DEATH DAY	VEAR 2-35 Home			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (Ir	r yrs. lest birthday) IF	BROER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign			
	261-94-0274 90. FACILITY NAME (If not institution, give o	1 D M 2 X F	9 YRS.	THE DAYS HOURS MIN.	(Month, Day, Year)	Country) Korea			
DIRECTOR	A A	ey Musing (Center F	CITY, TOWN OR LOCATION OF	DEATN 9c. COL	inty of DEATH			
IRE	10a. STATE 10b. COUNTY			OWN OR LOCATION		10d. INSIDE CITY LIMITS?			
	MD. , MONT	TGOMERY	GAIT	HERSBURG		1'STES 2 NO			
ERA	309 CURRY FORD I	LANE		20878	log. Gi	USA			
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF NISP If yes, specify Cuban, Mexi		14. RACE — American Indian, Black, White, etc.			
) BY	3 Widowed 4 Divorced		128	1 TYES 2-TNO Spe	ony:	Specify: Korcan			
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUSINESS/IN	DUSTRY			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+		ERED NURSE	NURSING				
NO.	17. FATHER'S NAME (First, Middle, Last)				IAME (First, Middle, Melden Surneme)				
BE (WOON BONG KONG			UM PU	ING YEON				
10	19e. INFORMANT'S NAME (Type/Print)				of Route Number, City or Town, State, Zi				
	DAVID HYUN BOO	7 20h	PLACE AND DATE OF D	RRY FORD LANE	GAITHERSBURG,	MD. 20878 City or Town, State			
	1 Donation 5 Other (Specify)		RBECK CEN			MARYLAND			
	21. SIGNATURE OF PUREFIAL DERVICE LIC		7	22. NAME AND ADDRESS OF					
	· Mules &	Made	~	11800 NEW HA	MPSHIRE AVE. SI	LLVER SPRING, MD			
	23. PART I. Enter the diseases, or o shock, or beart failure.	complications that caused List only one cause on ea	the death. Do not o	enter the mode of dying, so	ch as cardiac or respiratory ar	rrest, Approximate Interval Between			
	IMMEDIATE CAUSE (Final disease or condition	Colon	(aux (0)	Water Hete	chairs	Onset and Death			
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	We14 . 701		799			
Z	Sequentially list conditions,								
ATIC	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
ERT	resulting in death) LAST	d							
L C	PART II. Other significant condition	s contributing to death bu	t not resulting in ti	ne underlying cause given i	n Part I. 24s. WAS AN AUTOPSY				
Die					PERFORMED 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDIC						1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Threat and and				
SICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outper	tlent 3 DOA 45	HER: Nursing Name 5 Residence					
PHY	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF		28d. DESCRIBE HOW INJURY OF	CURED			
ВУ	1 Netural 5 Pending 2 Accident Investigation		100	M 1 YES 2 NO					
COMPLETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, atc. (Specif	— At home, ferm, stree y)	t, tectory, office	281. LOCATION (Street end Number City or Town, State)	or or Rural Route Number,			
PLE	290. CERTIFIER Check only	CIAN: To the best of my knowle	dge, death occurred at	the time, date end place, end di	e to the cause(e) end menner as sta	ted			
OM					e time, date end place, end due to I				
BE	296. SIGNATURE AND TYPE OF CENTIFIER	umo		29c. LIBENSE N	JMBER OQZI BIL DAT	TE SIGNES (Month, Day, Year)			
0	30. NAME AND ADDRESS OF PERSON WING		IN (ITEM 27) (Type, Prin	ve spring	MD 2	0410			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TUDE		1.0	7.0			



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH ELLEN CECELIA BROWN 1ein 29. 992 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS 1 - M 2 1-F 99 FEB. 6, 1893 WASHINGTON, DC 9a. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOLY **CROSS** HOSPITAL SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 10e. STATE 18b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 619 BLICK DRIVE 20904 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried BY 1 TES 2 NO Specify: 3 Widowed 4 ☐ Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 10 EXAMINER FEDERAL GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) JOHN MAHONEY DORNEY **BE** JOHANNA 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 ELIZABETH ANN BLICK BLICK DRIVE, SILVER SPRING, MD 20904 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1 Burlel 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) cemetery, crematory or other place) ARLINGTON NATIONAL CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, I 500 UNIVERSITY BLVD., W., SIL. SP. INC. 2090 MD 33-PARY I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) Torluy PHYSICIAM MEDICAL CERTIFICATION Sequentielly list conditions, QUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: NO Inpatient 2 - ER/Outpatient 3 - DOA 1 TYES ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 YES 2 NO BY Accident Invastigation 28e. PLACE OF INJURY — At home, lerm, street, lectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the besis of a d/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner se stated. 296. SIGNATURE AND TITUE OF CERTIFIE 29c. LICENSE NUMBER BE Day, Year) 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

notified at once.

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the attending physician and completely i Mental Hygiene prior to bunal, crematic

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certificate has the the State Dec.

DIRECTOR: After this centrons after death with the litem 28 is marked, or

TO THE FUNERAL C be filed within 72 h IMPORTANT: If It

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10313

32. REGISTRAR'S SIGNATURE

a Davidson

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filled in by the funeral director,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (MONTH, Day, Year)

JUL 29 92

32. REGISTRAR'S SIGNATURE

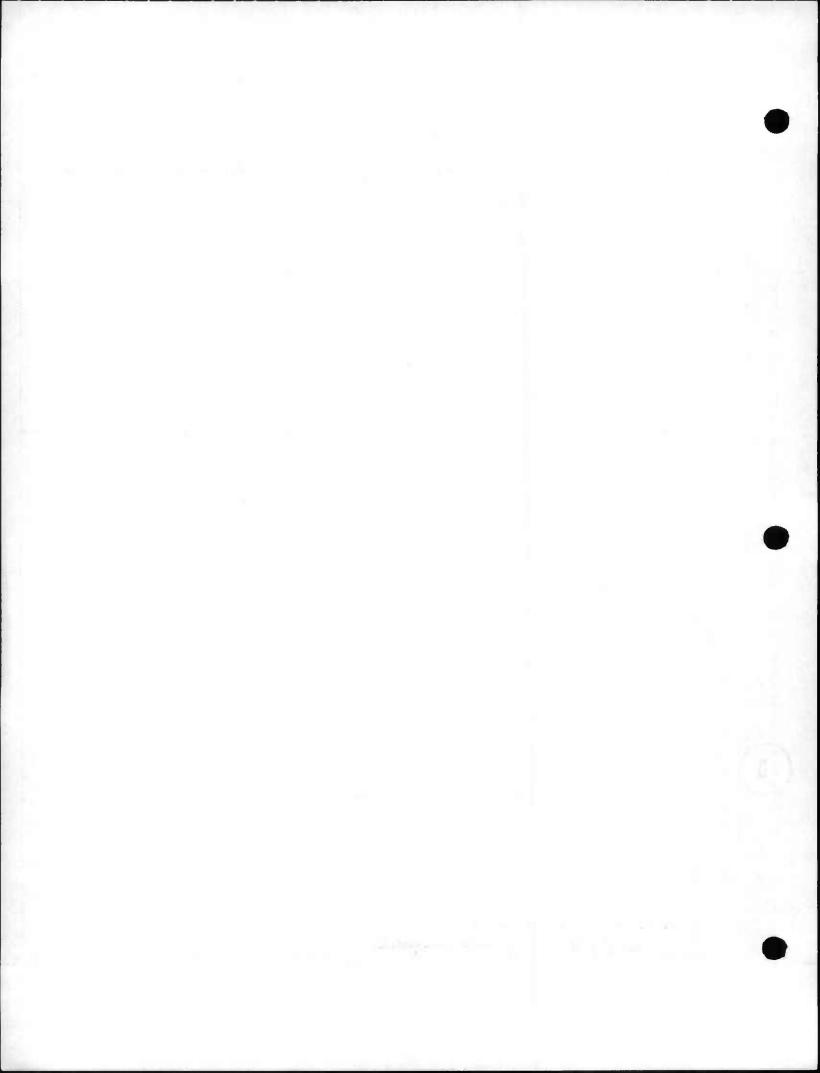
TO THE HOSPITAL OR ATTENDING THE LAW THE LAW PROPRIES THE LOSE THE LAW THE LAW POSTIAL OF ATTENDING PHYSICIAN.

TO THE FUNERAL DIRECTOR: A THE COUNTY AND THE COUNTY SHOWS AND THE ATTENDING PHYSICIAN AND COMPLETED HIS COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE COUNTY AND THE

1 - FOR STATE REGISTRAR	_	STATE OF I	MARYL					HEALTH		MENTA	L HYGIEN REG. NO.	E .	92	22573
1. DECEOENT'S NAME (First	, Middle, Last)			-::-							E OF OEATN			3. TIME OF DEATH
ZACHARIAH IDEMINIEU BLACKISTONE							MONT	™ ™ JL 25 1		YEAR	4:26 P M			
4. SOCIAL SECURITY NUME		5. SEX		in yrs. lasi		IF UND	ER 1 YEAR	7	R 24 HRS.	7. DATE	OF BIRTN	110	8. BIRTN	PLACE (State or Foreign
577-10-7101		1. M 2 F		84	YRS.	MONTH	DAYS	HOURS	MIN.		th, Day, Year)	000		DISTRICT
De. FACILITY NAME (If not in	stitution, give a			04		9b. Cl	TY, TOWN	OR LOCAT	ION OF DI		II. 19 1		INTY OF O	OLUMBIA EATN
NATIONAL N	AVAT. M	EDICAL C	ENTE	R			RF	THESE	Δ			M	ONTC	OMERY
RESIDENCE OF DEC		DDIONE C	EMIL.				DE	THESE	'A			I.	IONIG	UPIEKI
10a. STATE	10b. COUNTY	1			10c. CIT	Y, TOWN	DR LOC	ATION						10d. INSIDE CITY LIMITS?
MARYLAND	MONT	GOMERY				Cl	HEVY	CHAS	E				- I	1 YES 2 NO
10e. STREET AND NUMBER							1	of. ZIP COD	E			10g. CI1	TIZEN OF Y	VHAT COUNTRY?
	4316 W	ILLOW LA	NE						2081	5		11	NITE	D STATES
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARM	MED	10	3. WAS DE	CENDENT			N? (Specify Yes		14. RACE	- American Indian.
1 Never Married 2 🔯		FORCES? 1	YES YES	2 NO	0			s 2 7 NO			Ricen, etc.)		Speci	i, White, etc.
3 Widowed 4 Divo	rced	1940						X	Фрасп	,.			Space	WHITE
	EDENT'S EOU			16a. DEC	EDENT'S	USUAL	OCCUPAT	ION nost of worki		16	b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 8	+)	He.	Do NOT us	se retired	(.)	IOSI OF WORK	ng					
		3		ı	U.S.	ARM	γ/	FLO	RIST		Privat	е		
17. FATNER'S NAME (First, M	liddle, Last)							18. MOT	NER'S NA	ME (First,	Middle, Maiden	Surname)		
ZACHARIA	н ремти	ITEII RIA	רעדפי	PONE					C	ADAL	WHEEL	ED		
194. INFORMANT'S NAME (THE DIA		_	MAILING	ADDRE	SS (Street	and Numbe			nber, City or Tow		ip Code)	
HARRIET BLA	CVICTO	NE												1.5
20A. METHOD OF DISPOSIT	ION		20h	PLACEAL					L LIH	P.VY	CHASE.		City or To	
1 A Burial 2 Crematic		oval from State							mata		-30 Ar			
21. SIGNATURE OF FUNERA		ENSEE	- Ini	TILE	COII			AND ADDRE			-30 AL	LINE	con,	VA
M	(1					JOSE	EPH G	AWLE	R'S	SONS,	INC.		
100	J. (.	Nou	100				5130) Wis	c. A	ve.,	NW; W	ash.	, DC	20016
23. PART i. Enter the d	iseasea, or o	complications the List only one car	t ceused	the dea	ith. Do r	not ent	er the m	ode of dy	ing, auc	h as cer	rdiac or respi	ratory ar	rreat,	Approximate interval Between
IMMEDIATE CAUSE (Fir														Onset and Death
disease or condition	→	. VENTRI	CIII A	R ET	RRTT	TAT	TON							
reconning in double,			(OR AS A				TON							
	-	h												
Sequentielly list condit if any, leeding to imme		DUE TO	(OR AS A	CONSEC	UENCE O	F):								
cause. Enter UNDERLY	ING													
CAUSE (Disease or injute that initiated events		DUE TO	(OR AS A	CONSEC	UENCE O	F):								
resulting in death) LAS	Т	d.												
DADT II On III-														
PART ii. Other aignifice	ont condition	s contributing to	deeth b	ut not re	sulting	in the	underiyi	ng ceuse	given in	Part i.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
											1 X YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
														1 TYES 2 ND ND
25. WAS CASE REFERRED T		HOSPITAL:						PLACE DF	EATN (Ch	eck only o	ine)			
EXAMINER? RELE	ASED	1 Inpatient 2	ER/Outp	ationt 3	DOA	OTHI 4 □ N		me 5 🗆 R	esidence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATN		28e. DATE Of (Month, E			26b. TIM	E OF		JURY AT		28d. DE	SCRIBE NOW I	NJURY OC	CURED	
	Pending Investigation	(INOTALL)	ay, roary	_	1140	M		YES 2	ND					
2 Cutoldo	Could not be	28e. PLACE D	F INJURY	- At hom	ne, ferm, :	street, fo	ectory, off	ice			CATION (Street a		or or Rural F	loute Number,
	determined	bunding.	etc. (Spec	er g)					i	City	r or Town, Stete)			
290. CERTIFIER 1 TO CERT	TIFYING PNYC	CIAN: To the best of	my know	ledge de-	th corne	ad at the	a time di	a and of-	and d	10.45	weefet and		and .	
0001) end menner ee stated.
						,	,	_			- and place, all	- 004 10 1		, and memor ee stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE							29c. LIC	ENSE NUI	MBER				(Month, Day, Year)
TO HAME AND ADDRESS OF	7	74											יע ד.	
30. NAME AND ADDRESS OF	LEGION MN	U CUMPLETED CAU	SE OF OE	AIN (ITEM	27) (Type,	, Print)		MAT	TONA	T NIA	WAT ME	DICA	T CEL	משידים

NATIONAL NAVAL MEDICAL CENTER

BETHESDA, MD 20889-5000



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TO BE COMPLETED BY FUNERAL DIRECTOR

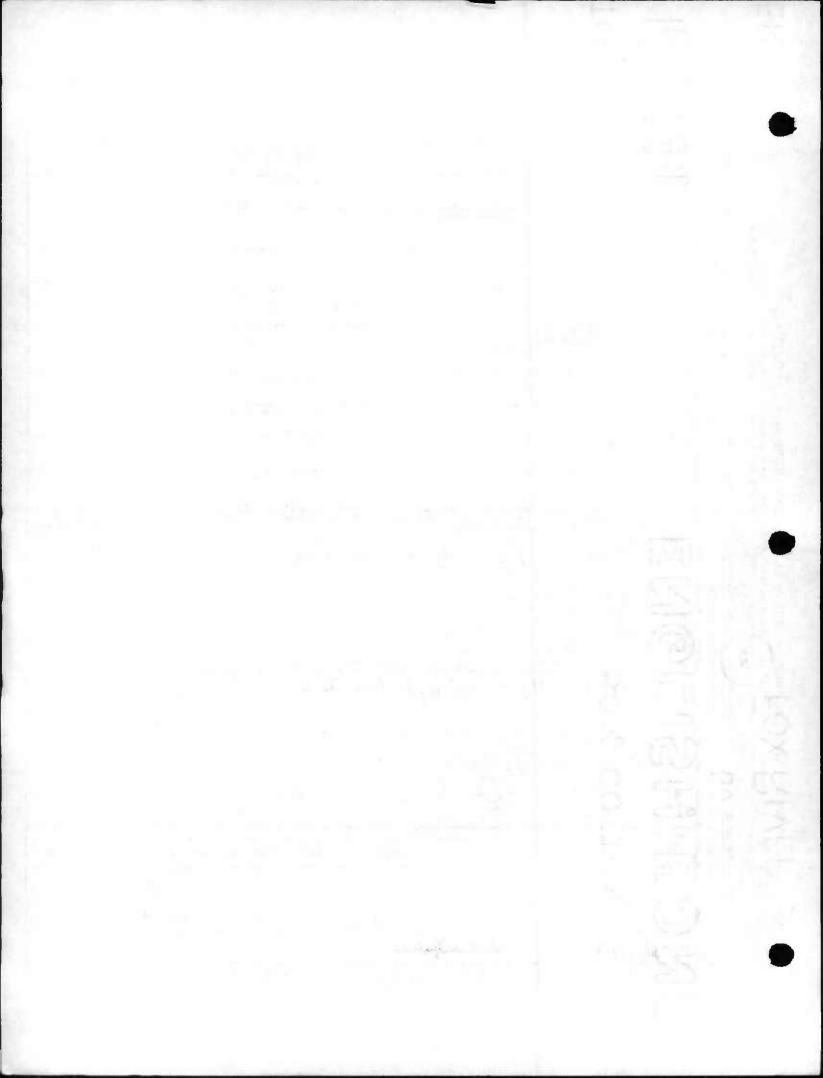
hay be retained by the hospital or attending physician.	page 5 should be detached for use as the burial-transit permit. Page		t be notified at once.
ath codificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	ttending physician and completely filled in by the funeral director, page 5 should be de	Hygime prior to burial, cremation, or removal.	gjury, or other traumatic event, the medical examiner must
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that me dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the at	be filed within 72 hours after death with the State Dept. of Health and Mc	I'S amy

330/ 31. DATE FILED (Moriti, Day, Yole) JUL 29 '92

32 REGISTBAR'S SIGNATURE

1 - STATE REGISTRAR	STATE OF MARY		MENT OF HE		MENTAL HYGIEN	E	2 22574	
1. DECEDENT'S NAME (First, Middle, Last) HELEN	Helen Celes	te Green			2. DATE OF DEATH MONTH D		3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 096-22-5237	1 □ M 2 ▼ F		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Nov. 23,		BIRTHPLACE (State or Foreign Country) ISSOURI	
9a. FACILITY NAME (If not institution, give a	treet and number)			LOCATION OF DE	MD	9c. COUNTY	TGOMERY	
10e. STATE 10b. COUNTY			nington,				10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
100. STREET AND NUMBER 5011 Macomb Stre	et, NW		2	ZIP CODE 20016		U.S	of what country?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	13. WAS DECE If yes, spec 1 \(\subseteq \text{YES 2}	olfy Cuban, Mexical	IC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	s or No— 14.	RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+) 5+	16a. DECEDENT'S US (Give kind of wor life. Do NOT use of Housewi	k done during most retired.)	of working	186. KIND OF BU		ТЯУ	
17. FATHER'S NAME (First, Middle, Last) John Green				18. MOTHER'S NAI Lucre	ME (First, Middle, Maiden tia Stur	Surname)		
19a. INFORMANT'S NAME (Type/Print) Mr. Leonard Lee B	acon				ashington		0016	
20a. METHOD OF DISPOSITION 1	oval from State	ob. PLACE AND DATE Of cemetary, crematory or Mt. Comfo	rt Crema	atory	7-29 Ale	exandri	or Town, State	
21. SIGNATURE OF TUNERAL SERVICE LI	CENSEE		JOSEI		R'S SONS, ve., NW, V		DC 20016	
V	complications that cause conficient only one cause on a. Due to (OR AS	eech line.	t enter the mod	a of dying, sucl	as cardisc or resp	iretory srres		
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF):						
PART II. Other significant condition	Hppu	but not resulting in	the underlying fract	cause given in	Part I. 24a, WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetiant 2 ER/Outpatient 3 DOA 26. PLACE OF DEATH (Check only one) OTHER: 1 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 288. DATE OF INJURY 289. TIME OF 280. INJURY AT 280. DESCRIBE HOW INJURY OCCURED								
1 Netural 8 Pending Investigation 3 Suicide 5 Could not be determined	26a. PLACE OF INJUI building, etc. (Sp	92 INJUI	WOF	NC?	Suppel 281. LOCATION (Street City or Town, State	fælk and Number or	-1/92	
contain only	ICIAN: To the best of my kno	wledge, death occurred					ause(a) and menner as stated.	
	1.4							

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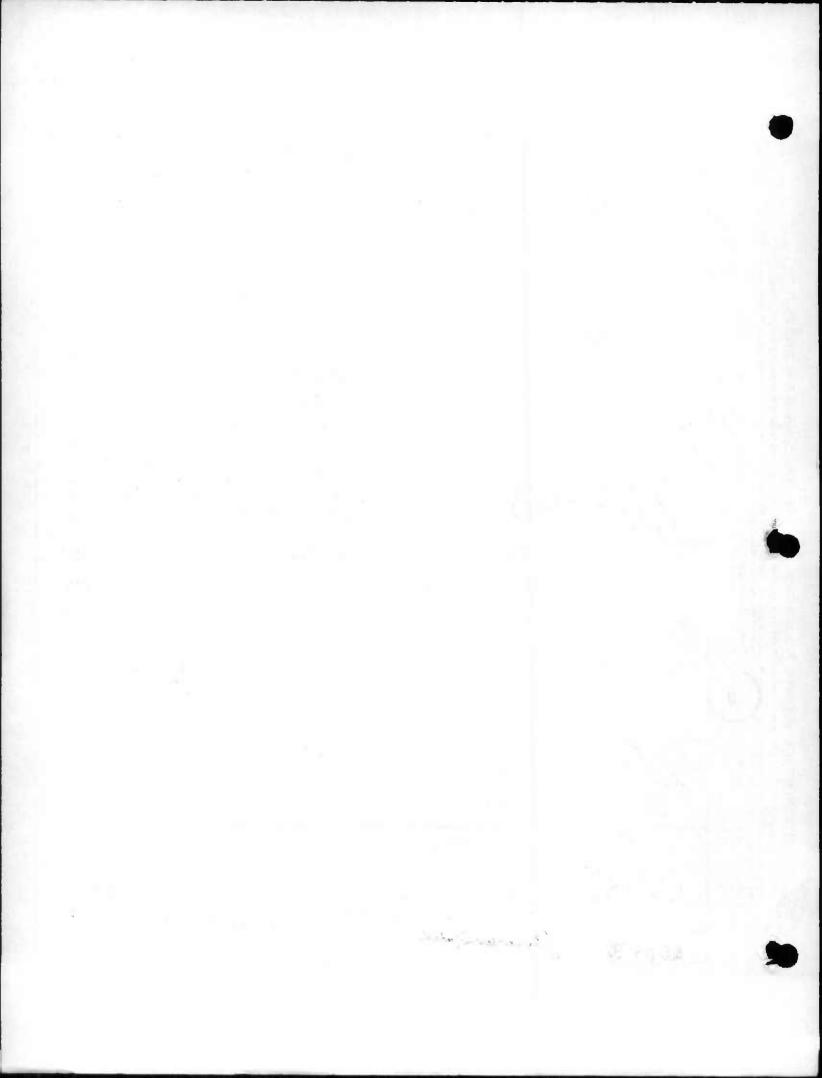


iry, or other traumatic event, the medical examiner must be notified at once.

5	Xect	and and	2	te
DIVISION OF VITAL RECORDS, P.O. BOX 13	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect	TO THE FUNERAL DIRECTOR: After this certificate has been properly the attending physician and	or to	IMPORTANT: If item 28 is marked, or item 23 mows any injury, or other traumati
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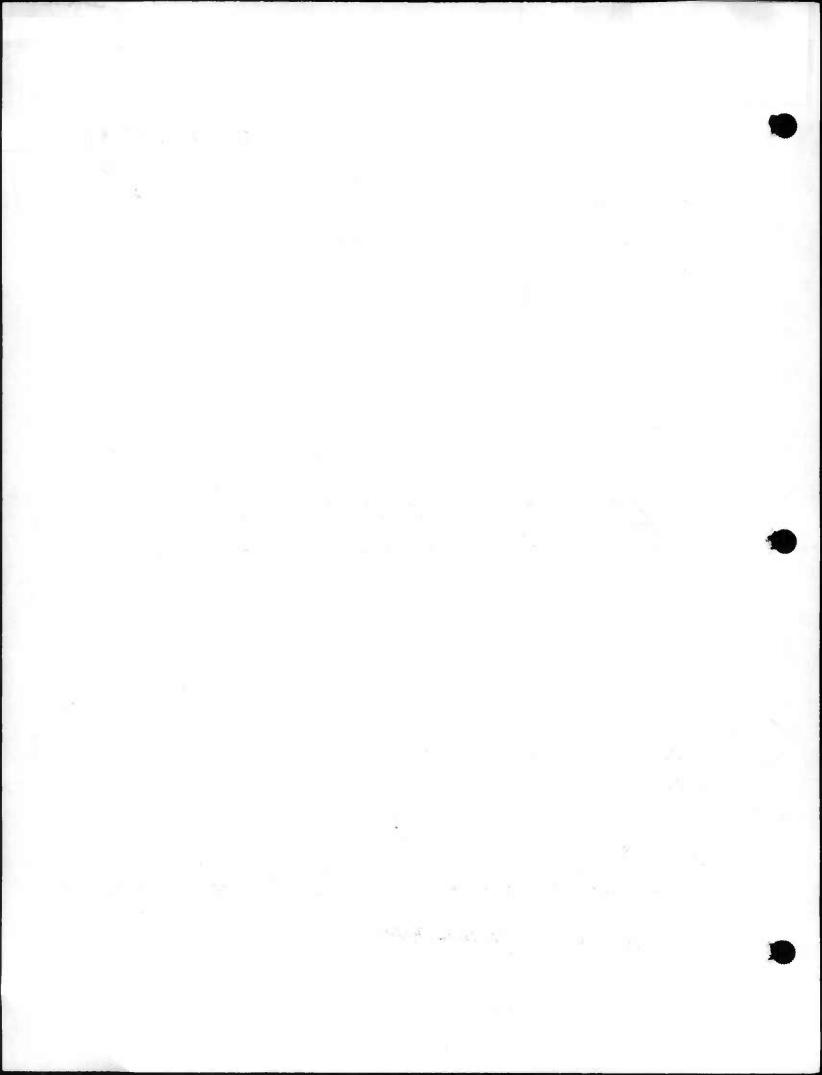
AUG 03 92

	1 - STATE OF MAI	RYLAND / DEPARTMENT OF HEA CERTIFICATE OF DI		GIENE 3. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) John Richard Brine	del	2. DATE OF DE MONTH July	ATH BAY 1992 YE	3. TIME OF DEATH 1:00 A M			
	4. SOCIAL SECURITY NUMBER 217 44 0070 98. FACILITY NAME (if not institution, give street and number)	070 1 🖾 M 2 🗆 F 81 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Nov. 5						
OR	Fairhaven Retirement & Nur			9c. COUNTY Car	roll			
DIRECTOR	10a. STATE 10b. COUNTY Maryland Carroll	10c. CITY, TOWN OR LOCATION Sykesville			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	10e. STREET AND NUMBER 7200 Third Avenue C-69	10f. ZIP 21	784	100	of what country?			
BY FUNE	11. MARITAL STATUS 1 Naver Married 2 Married FORCES? 1 STATUS 3 K Widowed 4 Divorced World Wa:	YES 2 NO If yes, specify	ENT OF HISPANIC ORIGIN? (Spe Cuban, Maxican, Puerto Rican, of NO Specify:	etc.)	RACE — American Indian, Black, Whita, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) - 5 +	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) Deputy Director	working 186. KIND	of Business/INDUST Atomic Ene Commissio				
BE CON	17. FATHER'S NAME (First, Middle, Last) Robert Brindel	16.	MOTHER'S NAME (First, Middle, Wealthy Ri	Maiden Surname) ttenhouse				
TO B	19m. INFORMANT'S NAME (Type/Print) Katharine K. Kirks	19b. MAILING ADDRESS (Street and A 9206 Villa Dri						
	20a METHOD OF DISPOSITION 1 Marial 2 Cremation 3 Removal from Stata 4 Donation 8 Other (Specify)	20b. PLACE OF DISPOSITION (Name of cometer other place) Parklawn Memorial P		20c. LOCATION — City Rockville	or Town, State , Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	M00689 Z2. NAME AND A Home/Be Wiscons			nphrey Funeral 7557 aryland 20814			
	23. PART I Exercise diseases, or complications that complete the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	aused the deeth. Do not enter the mode on each line. ARDIAL NFAR		r reapiratory arreat,	Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE Pleases or plury.	PAS A CONSEQUENCE OF): A AS A CONSEQUENCE OF): A AS A CONSEQUENCE OF):			YEARS.			
WEDICAL	PART II. Other eignificent conditions contributing to de	ath but not resulting in the underlying ca		WAS AN AUTOPSY PERFORMED? YES 2 DENO	24b. WERE AUTOPSY FINDINGS ARRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpution 2 E	OTHER:	OF DEATH (Check only one)					
BY PHYS	27. MANNER OF DEATH 1. Netural 5 Pending Month, Dey.		e 8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED					
	2 Accident investigation 3 Suicide 8 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
۳ ا	29a. CERTIFIER	knowledge, death occurred at the time, date and	I place, and dua to the cause(a)					
OMP	100	nination and/or investigation, in my opinion, death	occured at the time, date and p	olece, and due to the ca	use(a) and manner as stated.			
TO BE COMPLETED	100	nination and/or investigation, in my opinion, death	occured at the time, date and p	29d. DATE SI	SPED (Month, Day, Year)			



BALTIMORE, MARYLAND 21203-3146 F. O. BOX 13146, RALTIMORE, MARYLAND 21203-3146 F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F. O. BOX 13146, F.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI					MENTAL	HYGIEN REG. NO			
,	1. DECEDENT'S NAME (First, Middle, Last) ROBERT EDWARD BU	JRDETTE						2. DATE MONTO	OF DEATH	7 9	72	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-28-1004	5. SEX 6. AGE (4 HRS.	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Country) 8/5/31 Marylane			()					
TOR	9a. FACILITY NAME (If not institution, give a Carroll Co. Gene		•			ninst		ATH			arro	
DIRECTOR	10e. STATE 10b. COUNT	Carroll	10c. Ci	TY, TOWN O	dbir							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	5203 Braddock Ro	ad			101	ZIP CODE	217	97				tates
BY	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR O KO1	2 NO		if yes, sp	ENDENT OF ecify Cuben 2 X NO	, Mexicar	, Puerto F	? (Specify Yes	s or No—	14. RACE Black Speci	- American Indian, White, etc. White
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT	work done use retired.)	during mo	ON at of working	,	16b.	RIND OF BU	Diam		
	17. FATHER'S NAME (First, Middle, Last) William Burdette		Truck	DIIV		.11			Middle, Maiden	Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) Mrs. June Burdet		***************************************	g ADORESS		nd Number	or Rural R	loute Numi	ber, City or Tow		Code)	7
	20e. METHOD OF DISPOSITION 1XXBurial 2 Cremetion 3 Ram 4 Donation 8 Other (Specify)		Ebeneze					8/4		cation – oodbi		• • • • • • • • • • • • • • • • • • • •
	21. SIGNATURE OF FUHERAL SERVICE LIE	1	over	Bu	rrie	er-Qu	een	Fune	ral H	ome d Wi	nfie	21784 1d, MD
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Heterid	ach iine.	dec			1)	Stac or resp			Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d.											
PHYSICIAN: MEDICAL C	PART II. Other algolificant condition	na contributing to deeth t	out not reaulting	in the u	nderlyin	g ceuse g	lven in	Part I.	24a. WAS AMPERFO	RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PI	LACE OF DE	ATH (Ch	eck only or	70)			
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHE		ne 5 🗆 Re	eldence	8 🗆 Othe	r (Specify)			
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Ti	IME OF NJURY M	_	IURY AT ORK? YES 2	NO	28d. DE	SCRIBE HOW	INJURY OC	CURED	*
							Route Number,					
COMPLETED	TOTAL STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE	SICIAN: To the best of my know										e) end menner ee stated.
TO BE C	296. SIGNATURE AND TURE OF CENTIFIE	l Jones	_			Ac. LICE	NSE NUM	PO:	50	29d. DAT	E SIGNE	(Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WI	HO COMPLET OF CAUSE OF O	EATH (ITEM 27) (Ty)	pe, Print)							1	
	31. DATE FILED AUG 0 5 92	22. SECUPTINANTS SEC	ANS - ASM	della								



nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

at the death certificate be executed within TO THE HOSPITAL DR ATTENDING PHYSICIAI THE TO THE FUNERAL DIRECTOR: After this certificate to be filed within 72 hours after death with the strain IMPORTANT: If Item 28 is marked, or Item.

10

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I'VEM 27) (IV. Do., Print)

PO BOX 401. Locust + Quincy 51

31. DATE FILED (Month, Day, Yber)

AUG 0 5 1992

	1 - FOR STATE OF MARYL REGISTRAR	AND / DEPARTA			MENTAL HYGIEN REG. NO.	E	2 22577
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATN
	Frank Earl	Bailer				1992	8: a m ^M
•••		(In yrs. lest birthday) II	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Dev. Year)	8.1	BIRTNPLACE (State or Foreign
	217-05-3783a 1 x 2 F 8	VDP	ONTHS DAYS	HOURS MIN.	4-07-196	A	arvland
	9a, FACILITY NAME (If not institution, give street and number)		b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	
6	302 Linden Avenue	P	ocomol	ce City	•	Word	ester
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Mary Land Worcester	Poco	moke.	ZIP CODE		T	1 YES 2 NO
FUNERAL	100. STREET AND NUMBER		101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
- W	302 Linden Avenue			21851		U.S.	A.
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	2 X NO	If yes, spe		IIC ORIGIN? (Specify Yee n, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify:
0	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATIO	N	16b. KIND OF BUS		
COMPLETED	(Specify only nignest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use in	k done during mos etired.)	st of working			
P	5 th grade	Mill Wo	rker		Buildi	me S	upplies
O	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
H	Alfred Bailey			Hattie	Bos	ton	
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AL	DDRESS (Street a		Poute Number, City or Tow		de)
	1 Burial 2 Cremation 3 Removal from State	b. PLACE OF DISPOSITION OTHER PLACE)	Ceme	tary ID ADDRESS OF FA	POCC	CATION — City	city, Md. 2185.
1	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in dasth) DUE TO (OR AS	A CONSERVENCE OF:	Cave	da of dylng, suc	has cardiac or reap Afar c	Aco	Approximata Interval Between Onset and Daath
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	A CONSEQUENCE OF):					
MEDICAL	PART II. Other algorificant conditions contributing to death	but not reaulting in	the underlying	g cause given in	Part I. 24a. WAS AN PERFOI 1 YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		22.01	ACE OF DEATH CO.	ant anti-card		
2	EXAMINER? HOSPITAL:		OTHER:	ACE OF DEATN (Ch			
IYS	1 YES 2 NO 1 Input lant 2 ER/Ou				6 Other (Specify)	ALLIEN SOCIE	
	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year)	28b. TIME (WO WO	URY AT PRK? YES 2 NO	28d. DEŞCRIBE NOW	INJURY OCCUR	ED
TED BY	2 Noonella	Y — At home, farm, streedly)	eet, factory, office	•	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one)						
0	2 MEDICAL EXAMINER: On the basis of axaminati	on and/or investigation,	in my opinion, d	eath occured at the	time, data end placa, a	nd due to the c	ause(a) and menner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER	14/	MM	D 3 07		29d. DATE S	CHED MARIN. Day Your

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5 may be retained by the hospital or attending physician. tor, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires the executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been appropriate to physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Deep of Hearth Manner of the Purial, cremation, or removal. INPORTANT: If Item 28 is marked, or item 22 shows any injury or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	26 663 10			
	1. DECEDENT'S NAME (First, Middle, Last DIRIS A		DORIS ADE	LLE BOYER	2. DATE OF DEATH DAY	10/92 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 578-09-2708	1 M 2 DDF		UNDER 1 YEAR IF UNDER 24 HRS. ITHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 8, 1899	8. BIRTHPLACE (State or Foreign Country) Maryland			
TOR	9a. FACILITY NAME (If not institution, give Wilson RESIDENCE OF DECEDENT	CARL CENTE	R 96.	SATHERS BURG	DEATH 9	Mentgomery			
DIRECTOR	10s. STATE 10b. COUN	ntgomery	10c. CITY, TO	WHOR LOCATION Gaithersburg		10d. INSIDE CITY LIMITS? 1 ▼ YES 2 □ NO			
FUNERAL	100. STREET AND NUMBER 211 Russe			101. ZIP CODE 20877	-10	0g. CITIZEN OF WHAT COUNTRY? USA			
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 1 YES IF YES, GIVE WAR OR DO	2 沈 10	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexic 1 YES 2 JNO Spec	en, Puerto Rican, etc.)	No- 14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S ED (Specify only highest grade Elementary/Secondary (0-12)	PUCATION de completed) College (1-4 or 5+)	18e. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working	16b, KIND OF BUSINE				
MPL		2	Offic	e Manager	Lur	mber Co.			
	17. FATHER'S NAME (First, Middle, Last)	etcher Boyer			AME (First, Middle, Meiden Sun Amanda Wilsor				
) BE	19e. INFORMANT'S NAME (Type/Print)	Joener Doyer	19b. MAILING ADD	PRESS (Street end Number or Rura					
5	Margaret S. War	rfield		rabapple Dr.,					
I	20a, METHOD OF DISPOSITION 1	moval from State com	PLACE AND DATE OF DI elery, cremetory or other p Montgomery	sposition (Name of U.M. Cemetery	7/14/92 Da	amascus, Md.			
	21. SIGNATURE OF FUNERAL SERVICE L	Moleswat	the	Olin L. Mole	esworth, P.A.	ns. Md. 20872			
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other elapiticent condition	d.							
PHYSICIAN: MEDICAL	1 YES 2 NO COMPLETION OF DEATH?								
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (C. HER: Nursing Home 5 - Residence					
BY	27. MANNER OF OEATH 1 Natural 5 Pending investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJUI				
ETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my knowlets: On the best of exemination	edge, death occurred at and/or investigation, in	the time, date and place, end du- my opinion, death occured at the	e to the cause(e) end manner e time, date end place, end du	ee stated. ue to the cause(e) end menner se stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	- Cohen	M.P.	29c. LICENSE NU	MBER 29	d. DATE SIGNED (Month, Day, Year) 7 - (1-92			
	30. NAME AND AOORESS OF PERSON W Sidney J. Ce 31. DATE FILED (Month, Day, Year)	HO COMPLETED CAUSE OF DEA	21 Congh	eshibal Line	, Rochville,	MO 21182			
	JUL 1 3 1992	Sulia Navidson	Randell.						

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permit filled in by the funeral director, page 5 should be detached for cremation, or removal.

within BOX 68760, life be esso P.O. OR ATTENDING PHYSICIAN: The law requires that the death certif HOSPITAL

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signed by the Health and I

this certificate has been with the State Dept. of

DIRECTOR: After the hours after death v

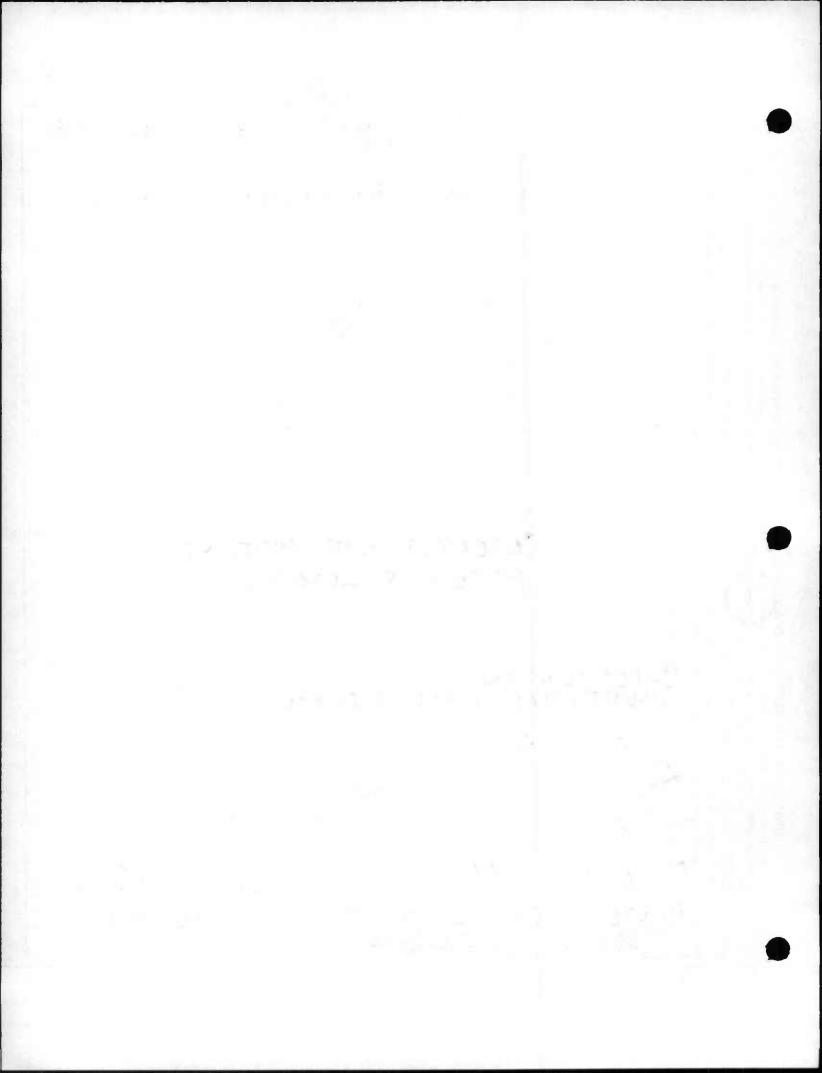
THE FUNERAL C

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 03 James MONTH. 1389 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, DAYS HOURS 1 X M 2 - F 218 05 7839 05-07-1920 MD a. FACILITY NAME (If not institution, give street and gumber) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hartord MITOMA DIRECTOR arfor 60 RESIDENCE OF DECEDENT 10a. STATE 10b COUNTY 10d. INSIDE CITY MD Harford Havre de Grace 1 X YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 505 Congress Ave. #208 21078 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 💢 YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, atc.)

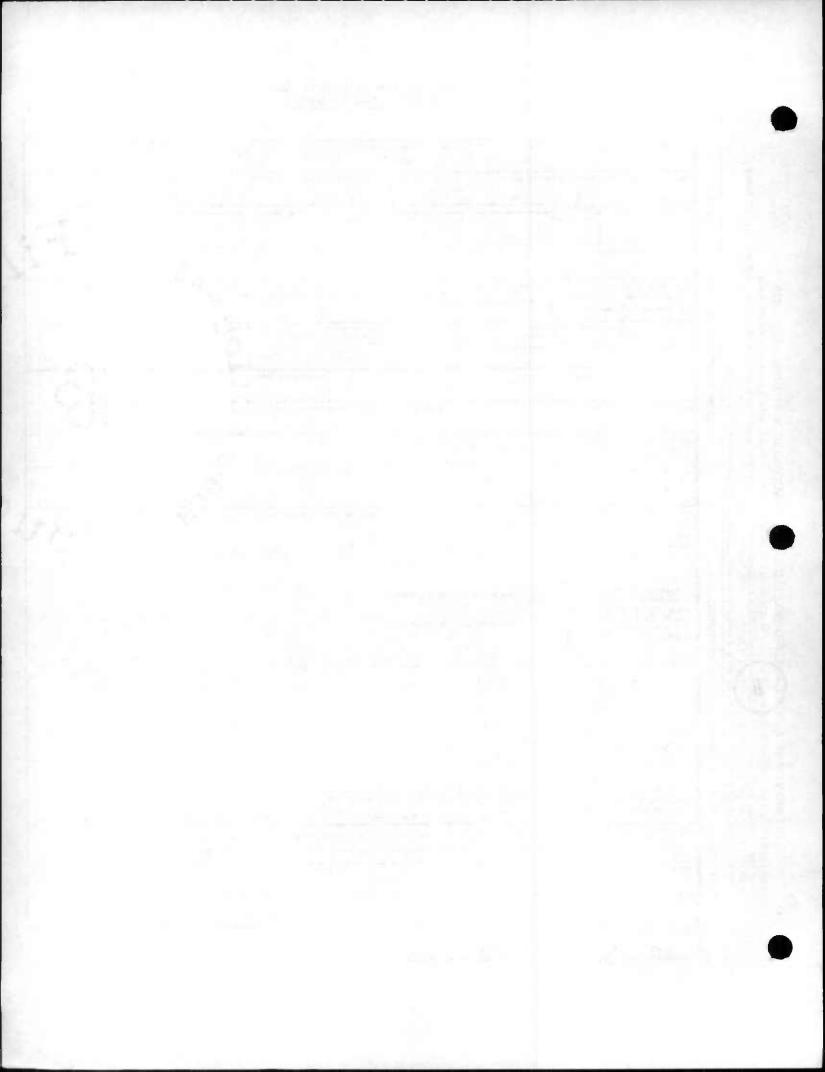
1 YES 2 NO Specify: 1 Never Married 2 X Married BY 3 Widowed 4 Divorced Specify: WW II White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY entery/Secondary (0-12) College (1-4 or 5+) 12 (Ret) Plumber Self-Employed once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) notified at Lloyd F. Baker Lyda A. Mitchell 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Agnes F. Baker 505 Congress Ave. #208, Havre de Grace, MD 2107 9 20a, METHOD OF DISPOSITION
1 X Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Angel Hill Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 8/7 Havre de Grace, MD medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Smith Funeral Home, P.A. Havre de Grace, MD 21078-3197 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, Dr heert fallure. List only Dne ceuse Dn eech line. IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition resulting in death) event. CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 10 injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS RTENSION AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 NO OF DEATH? BOWET 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATH (Check only one) 1 YES 2 YO OTHER: ng Home 5 🗆 Residence 6 🗆 Other (Specify) 10 4 🗆 Nursi 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 15 Neturni 5 Pending M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is COMPLETED 4 Homicide If Hem 29a, CERTIFIER CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. MPORTANT LICENSE NUMBER GIGNATURE AND TITLE OF CERTIFIER BE 2 HAVRE 06 31. DATE FILED /M AUG Julia Davidson



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician,	od in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2. 3 should	or removal.	medical examiner must be notified at once.
U DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law recovery that the properties to executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been sometime to amendme physician and completely filled	be filed within 72 hours after death with the State Dept. of the same and serial prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shires any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR	STATE OF M					EALTH ANI DEATH	MENT	AL HYGIEN	E J	_	L L J	OL	J	
	1. DECEDENT'S NAME (First, Middle, Last)						J.C.A.III	2. DAT	E OF DEATH	v v	EAR	3. TIME OF D	DEATH	-	
1	Mabel L.		ryant					8	1	199		4:3		M	
	4. SOCIAL SECURITY NUMBER 220-44-3107	5. SEX	6. AGE (In yrs. In		IF UND	DAYS	HOURS MIN	. (Mo	E OF BIRTH onth, Day, Year) -9-1900	8.	Country	race (State of		,	
	9e. FACILITY NAME (If not institution, give	street and number)			9b, CIT	TY, TOWN OF	LOCATION OF		-9-1900	9c. COUNTY			a	_	
DIRECTOR	Manor Care Nurs	ing Home			h	Theato	n			Montg					
E C	10e. STATE 10b. COUNT	Y		10c, CIT	Y. TOWN	OR LOCATION	ON					10d. INSIDE (nmv	_	
H	Maryland Mon	tgomery				r Spr				LIMITS?					
	10s. STREET AND NUMBER			1			ZIP CODE			10g. CITIZER		HAT COUNTR	-		
FUNERAL	15400 New Hamps	hire Ave.				2	0905		USA						
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13	, WAS DECE	NDENT OF HIS		IN? (Specify Yes		RACE	- American	Indian,	_	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2	NO If yes, specify Cuban, Mexican, 1 YES 2 NO Specify:					o Ricen, etc.)		Black, Specify	White, etc.			
	15. OECEDENT'S EDU	JCATION	16a, O	ECEDENT'S	USUAL	OCCUPATION		1	8b. KIND OF BUS	INEGG/INOLIG	TOV	WILLE	е	_	
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 6+	(0	Sive kind of a Do NOT us	work done se retired.	during most	of working								
COMPLETED	12			Home	emak	er			Self						
S	17. FATHER'S NAME (First, Middle, Last)					$\neg \neg$	16. MOTHER'S	NAME (First	, Middle, Malden	Surname)					
BE	William John Go	yne					Sarah								
2	19a. INFORMANT'S NAME (Type/Print)								mber, City or Town			7.4	1		
Saran b. U keere 15400 New Hampshire Ave., Silver S 20e. METHOD OF DISPOSITION 1															
4 Donation 5 Other (Specify) St. Mark's Cemetery 8-3+92 Silver Spring, MD. 21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											•	_			
	22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home														
	11800 New Hampshire Ave. Silver Spring,											, MI).		
	23. PART. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List pnly one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):														
	PART II. Other aignificant condition	na contributing to	death but not	resulting i	in tha u	Inderlying	cause given	in Part i.	24a. WAS AN	WTOPSY	24b. \	WERE AUTOPS	Y FINDING	GS	
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MEDI												OF DEATH?	□ NO		
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, Si	1 YES 2 NO	HOSPITAL: 1 Inputient 2	ER/Outpatient 3	□ DOA	4 Nu	R: rrsing Home	5 - Residence	e 6 🗆 Ott	ner (Specify)						
PHYSICIAN:	27. MANNER OF DEATH	26e. DATE OF I (Month, Day	NJURY v. Year)	26b. TIM	URY	28c. INJUI WOR	RY AT	28d. D	ESCRIBE HOW IN	JURY OCCUR	ED			-	
B	1 Natural 5 Pending 2 Accident Investigation	6-	1-65.		Spm	1 YE			Fell						
8	3 Suicide 6 Could not be 4 Homicide determined	building, a	INJURY — At he tc. (Specify)					CH	CATION (Street er		Rural Ro	ute Number,			
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COMPLET		CIAN: To the best of s R: On the basis of exi									iuse(e) i	end manner (e stated		
ШСС	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE N	_		29d. DATE SI					
m	al So	when	~				DOS			▶ 3	- 3	-9>			
٤	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSI	OF DEATH (ITE	M 27) (Type,	Print)						20	BILL	1		
	John To	nober	826	8 6	215	Coms	LIN	AUE	· Ba	3 mest	1	mo			
1 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR								1 -0 00	9	- 0.		_	



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

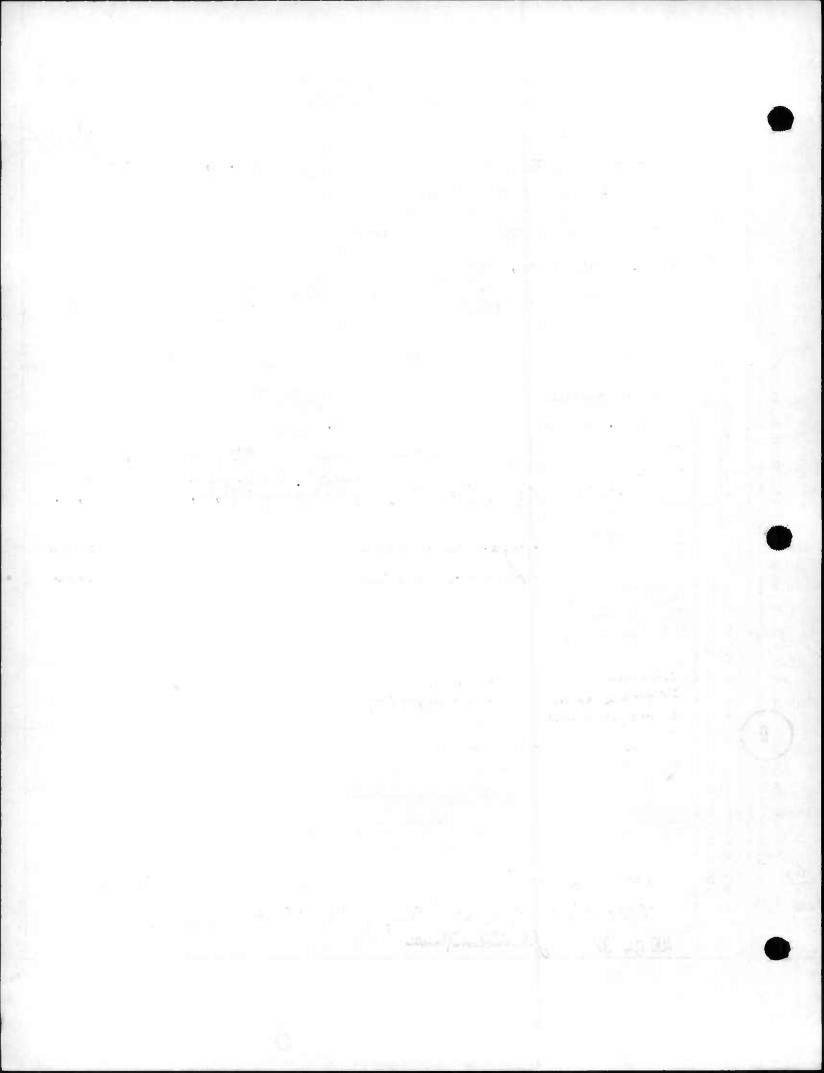
	REGISTRAR		CE	HIIF	CALE	JE DEALH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	. W	YEAR 3.	. TIME OF DEATH		
	Milton C.	Boutwell					08		92	TEAH	10.00am M		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	IGE (In yrs. last		IF UNDER 1 YE		7. DATE	OF BIRTH		8. BIRTHPL	ACE (State or Foreign		
	110-09-2502	1√□M2□F	82	YRS.	MONTHS DA	YS HOURS MIN.	Fob.	Day: Year) 28,191		Geor	gio		
	Se. FACILITY NAME (If not institution, give a				9b. CITY, TO	WN OR LOCATION OF							
œ	Montgomery		snita	1 I		lney				TY OF DEA			
DIRECTOR	RESIDENCE OF DECEDENT		opreu.			Lifey		_	MO	ntgon	nery		
ווַ	10e. STATE 10b. COUNT			10c. CITY	, TOWN OR L	DCATION				16	Dd. INSIDE CITY		
5	Maryland Mont	gomery		Ga	ithers	hura				LIMITS?			
	10e. STREET AND NUMBER				2 01101	10f. ZIP CODE				AT COUNTRY?			
è	340 N. Summit Av	enue #104				20877			USA	AI COOKINIT			
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	t ☐ Never Married 2 🔀 Married	FORCES? 17 Y	ES 2 N		If yo	DECENDENT OF HISP s, specify Cuban, Max	ican, Puarto R	r (Specify Yes Ican, atc.)	Black, V	- American Indian, Vhita, etc.			
5	3 Widowed 4 Divorced	IF YES, GIVE WAR O	OR DATES		10	YES 2 X NO Spe	cify:			Specify:	White		
	15. DECEDENT'S EDU		16s DEC	PEDENT'S I	USUAL OCCU	PATION	405	KIND OF BUS					
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COMPLE	Elementary/Secondary (0-12)	College (t-4 or 5+)	Ch					Restaurant					
	17. FATHER'S NAME (First, Middle, Last)	0	- 1.1	CI									
3	17. PAINER'S NAME (First, Middle, Last)							BE (First, Middle, Melden Surname)					
1	Conrad Boutwell					Unkno	_						
	19a. INFORMANT'S NAME (Type/Print)		- 1			n, State, Zip C	iters, Zip Code)						
-	Grace A. Boutwell Same as 10e.												
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	23. PART I. Enter the diseases, or o shock, or heart failure.	List only one cause o	n each line.	ith. Do no	ot enter the	mode of dying, a	ich aa cardi	ac or reapi	ratory arre	at,	Approximate interval Between		
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	27. MANNER OF DEATH	28s. DATE OF INJU	-	28b. TIME	-	Home 5 Residence	1	(Specify)	I III DV OCCU	IDED.			
	1 Natural 5 Pending	(Month, Day, Yes	ar)	INJU	JRY	WORK?	200. DES	ANDE NOW II	SONY OCCU	RED			
	2 Accident Investigation	28s. PLACE OF INJ	1100										
	3 Suicide 8 Could not be	building, etc. (Specify)	ne, rarm, et	reet, factory,	OTTICE		TION (Street a Town, State)	nd Number o	r Rural Rout	le Number,		
COMPLE	29a. CERTIFIER (Check only	CIAN: To the best of my k	nowledge, des	th occurred	d at the time,	deta and place, and d	ue to the caus	e(a) and man	ner aa stated	£.			
		R: On the besis of exemin									nd manner sa stated.		
	29b. SIGNATURE AND TITLE OF CENTERED	1	IUR. SCI			290, LICENSE N							
	aute 45	to more	1010 501	TOLLIVO		1)/87	2 (-		290. DATE:	1 /	onth, Day, Year)		
	30 NAME AND ADOPESS OF BUILDING	O COMPLETES CAUSE SE	DEATH AVE.	AT /-	D-1-0	0107	0		8	12/9			
2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occursed at the time, data and place, and dus to the case of place and place and place and place and place, and dust to the case of place and place and place and place, and dust to the case of place and place and place and place, and dust to the case of place and place and place, and dust to the case of place and place and place, and dust to the case of place and place, and dust to the case of place and place, and dust to the case of place and place, and dust to the case of place and place, and dust to the case of place and place, and dust to the case of place and place, and dust to the case of place and place, and dust to the case of place and place, and dust to the case of place and place, and dust to the case of place and place, and dust to the case of place and place, and dust to the case of place and place, and dust to the case of place and place, and dust to the case of place and place, and dust to the case of place and place and place, and dust to the case of place and place and place, and dust to the case of place and place and place, and dust to the case of place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and place and pl													
	10/01 /MJ	" holy "	0 /	ling	/	4 -003							
	31. DATE FILEO (Month, Day, Year)	REGISTIAR'S S	IGNATURE	00_ /									
- N	AUG 04 '92	There were at at the	- Same										

BALTIMORE, MARYLAND 21215-0020

DIVISION OF MITAL AECORDS, P.O. BOX 68760,

DIVISION OF

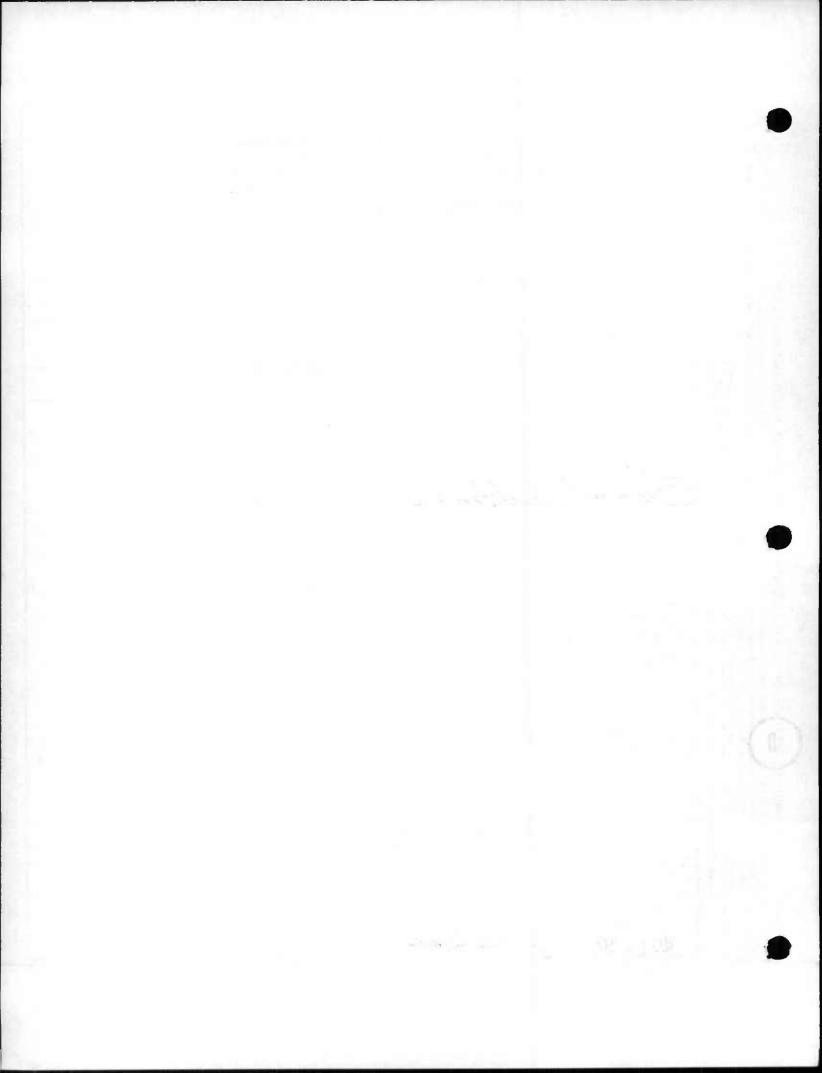
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RDS, P.O. BOX 68760,

PECO	mourres th	Mann cionad
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHINCIAN THE	TO THE FUNERAL DIRECTOR After this 18
1	-	

	1. DECEDENT'S NAME (First, GORDON GUNT	,,	ICHNER							2. DATE OF E	DEATH DA	NY.	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX	8 ACE /h h-	- a fall-at- d a									2:30 A M
	094-24-3925		1 X M 2 🗆 F	8. AGE (In yrs. les	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF B (Month, Day 10-2-	160r)		a. BIRTN Countr GE	PLACE (State or Foreign RMANY
	9a. FACILITY NAME (If not in		freet and number)			9b. CIT	, TOWN	OR LOCAT	ON OF DE	ATN		9c. COU	NTY OF D	EATN
OR	404 EISNER					SII	VER	SPR	ING			MON	TGOM	ERY
등	RESIDENCE OF DEC	10b, COUNTY	,											
DIRECTOR	MARYLAND	200000000000000000000000000000000000000	GOMERY			VER								10d. INSIDE CITY LIMITS? 1 YES 2 X NO
¥	10s. STREET AND NUMBER						10	. ZIP COD	E			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	404 EISNER	ST.						2090)1			UNI	TED	STATES
BY	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	NT EVER IN U.S. AR I YES 2 X P MAR DR DATES	NO		It yes, sp	ecity Cubi	OF NISPAN In, Mexical Specify	IC ORIGIN? (S _i n, Puerte Rican	oecify Yes i, etc.)	or No-	Bleck	— American Indien, Whita, etc. y: WHITE
COMPLETED	15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON of works		16b. KIN	D OF BUS			
91	Elementary/Secondary (0		College (1-4 or 5	+) life.	. Do NOT us	f work done during most of working use retired.)								
₩.	8				SALES					DE	RE			
8	17. FATHER'S NAME (First, M									AME (First, Middle, Maiden Surname)				
BE	LEOPOLD BUC					FREIDA NEUBERGER								
2	19a. INFORMANT'S NAME (7						oute Number, C			Code)				
	ROSE BUCHNER (WIFE) 404 EISNER ST., SILVER SPRING, MD 20901													
	1X Burial 2 Crematio 4 Donation 5 Other	MEM	of dispos ther place IORIA	PRIAL GARDENS 8-2 OLNEY, MI										
	21. SIGNATURE OF UNERAL SERVICE LICENSEE								SS OF FAC		MFMO	RTAT	CHA	DEI C
DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE, ROCKVILLE, MD 20852														
	IMMEDIATE CAUSE (Fin	eert remure.	List only one cet	ise on each line).	not enter	the mo	de of dy	Ing, such	as cerdiac	or respir	ratory arr	est,	Approximata Interval Batween Onset and Death
	DUE TO (DR AS A CONSEQUENCE OF):													
NO	Sequentielly list conditions, If any, leading to immediate a. Calcinous of Esophagus Stoneach Due to (DR AS A CONSEQUENCE OF): Due to (DR AS A CONSEQUENCE OF): Due to (DR AS A CONSEQUENCE OF):													
B	cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
H	resulting in death) LAST													
	PART II. Other significe	nt condition	contributing to	death but not n	esulting	In the ur	derlying	cause	given in i	Part I. 24a.	WAS AN	NUTOPSY	24b.	WERE AUTOPSY FINDINGS
2											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL										_ ' _	YES 2	LINO		OF DEATH?
										-				1 TYES 2 NO
Ž I	25. WAS CASE REFERRED TO	MEDICAL		-			26. PL	ACE DF D	EATN (Che	ck only one)				
Sic	EXAMINER?		HOSPITAL:	ET/Outpetient 3	DOA	OTHER	₹:			Other (Spe	-14 1			
Y PHYSICIAN:		Pending	26s. DATE OF (Month, D	INJURY	28b. TIM		28c. INJ WO	_		28d. DESCRIB		JURY OCC	URED	
ED BY	3 Suicide 6	rivestigation Could not be determined	28e. PLACE D building,	F INJURY — At hor atc. (Specify)	me, farm, s	treet, fact				261. LOCATION City or Tox	(Street ar	nd Number	or Rural A	oute Number,
9	29a. CERTIFIER	1 22 2			07.									
COMPLETED	(Check only	CAL EXAMINE	CIAN: To the best of R: Dn the basis of a	my knowledge, des xamination and/or is	ath occurre	n, in my o	ime, data pinion, d	and place, eath occur	and due t	o the cause(s) ime, data and p	snd manr place, and	ner ss state	ed. s cause(s)	and manner as stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	LD Q					27			29d. DATE	SIGNED	(Month, Day, Year)
٩	ALPANA GOSWAM! 8401 WESVILLE ROAD, SILVER SPRING MD 20910													
	31. DATE FILED (Month, Day,	rbar)	932, REGISTRA	R'S SIGNATIERE								^	1D 2	0910
	AUG 04 '92 Julia Davidson Parles													



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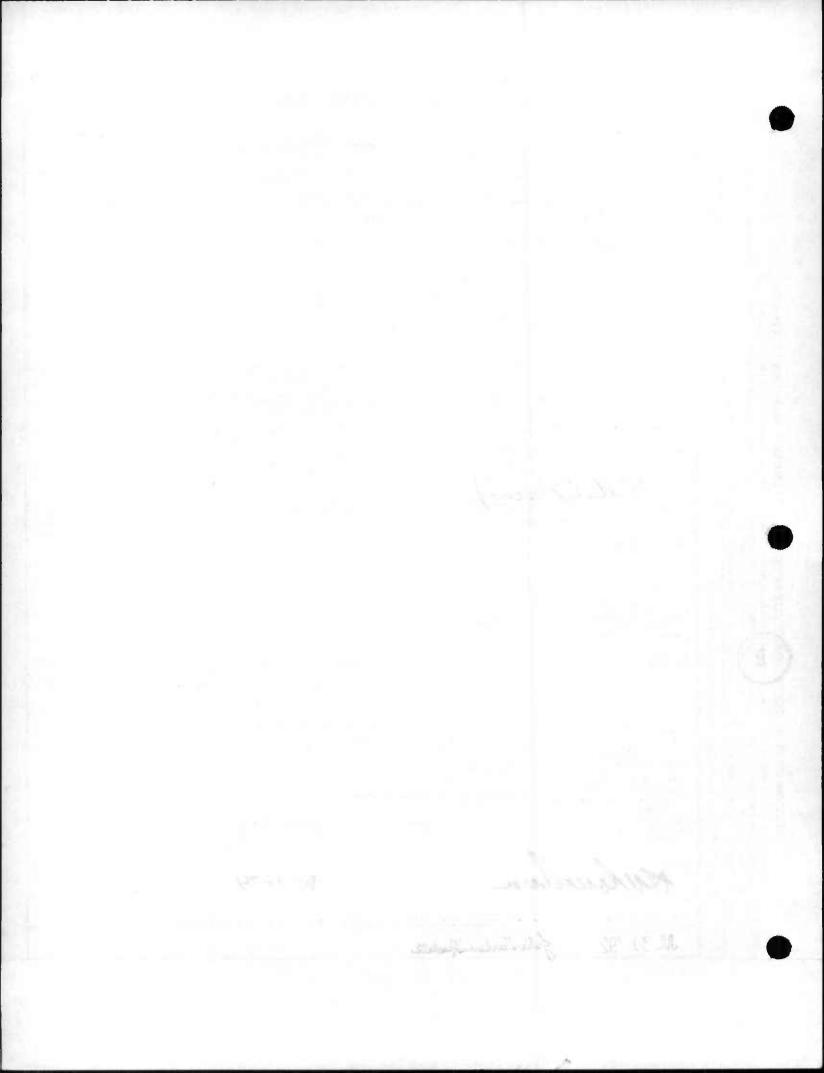
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND A	DEPAI	RTMEN	T OF H	HEALTH	AND I	MENTA	L HYGIEN	_	92	2258	3
	1. DECEDENT'S NAME (First, Middle, Last)									E OF OEATH			. TIME OF OEATH	_
	Aldah B. Beltz								J11	ly 30,	1992	YEAR	6:00A	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTN	1772		ACE (State or Forei	on
5	577-46-3497	1 M 2 XXF	86	YRS.	MONTHS	DAYS	HOURS	MIN.		ith, Day, Year) ie 30,1	906	Country)	Country) ennsylvania	
	9a. FACILITY NAME (If not institution, give s	reet and number)			9h CITY	/ TOWN	OR LOCAT	ION OF DE		16 30,1	NTY OF DEA	-		
œ	Circle Manor Nur	. tali n	_						LAIN					
DIRECTOR	RESIDENCE OF DECEDENT	sing Hom	e		ке	nsır	igtor	1			Mont	gomer	У	
ĕ	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION					1	Od. INSIDE CITY	
ä	Maryland Mon	tgomery			Ro	ckvi	11e						LIMITS?	
7	10e. STREET AND NUMBER						f. ZIP COD	E			10g. CIT	ZEN OF WHAT COUNTRY?		_
FUNERAL	4712 Oxbow Road						20	852				ted S		
Z	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13.	WAS DEC			VIC OBIGI	IN? (Specify Yes				_
	1 Never Merried 2 Merried		MAR DR DATES	NO		If yes, sp	ecify Cubi	an, Mexica	can, Puerto Rican, etc.) Bia				- American Indian, White, atc.	
ВУ	3 X Widowed 4 Divorced	IF IES, GIVE	MAN DN DATES			1 YES 2 ND Specify:					Specify: White			
G	15. OECEOENT'S EDUC				S USUAL OCCUPATION					b. KINO OF BU	SINESS/INE	OUSTRY		_
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	- 10	ive kind of work done during most of working . Do NOT use retired.)										
F	12	"	Sales						Cloth	ing :	Store			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				. :		18. MOT	NER'S NA	ME (First.		Surname)			
EC	John Edgar Benton		18. MOTNER'S NAME (First, Middle, Meiden Surname) Bertha Mae Lamp											
00	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Cod									Codel				
2	Stanley B. Beltz 4712 Oxbow Road Rockville, Maryland 20852													
	20e. METHOD OF DISPOSITION		20b. PLACE				_					City or Town		-
	1 Burlel 2 □ Cremetion 3 □ Remet 4 □ Donation 5 □ Other (Specify)	oval from State	Evere	matory or o	ther place)	ial	Como	8/1	/92 PA	Fire			sylvania	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		CC II	22.	NAME A	ND ADDRE	SS OF FA	CILITY D	obert	A Di	, renn:	y Funor	21
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Will Edward Monday MO0672 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funera Home/Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805										aı			
	23. PART i. Enter the diseases, or of	omplications the	it coused the de	eath. Do	not enter	the mo	da of dy	ing, suc	h aa car	diac or reapi	ratory an	reat,	Approximate	
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final											Onset and D		
	disease or condition	nfar	atio	20										
	resulting in death) a. Acute Myocardial Infarction DUE TO (OR AS A CONSEDUENCE OF):										1 Day			
z	Arteriosclerotic Heart Disease Years													
CERTIFICATION	Sequentially list conditions,		(OR AS A CONSE									<u> </u>	10010	
3	cause. Enter UNDERLYING													
Ē	CAUSE (Disease or injury that initiated events	DUE TO	(DR AS A CONSE	DUENCE D	F):									
	resulting in death) LAST	C.												
	DARW II Cab - I - Idi dai													
¥	PART ii. Other significent condition	contributing to	deeth but not	resulting	in the ur	iderlying	g ceuse	given in	Part i.	24a. WAS AN PERFOR			ERE AUTOPSY FINDS MILABLE PRIOR TO	INGS
ă										1 TYES 2	X NO		OMPLETION OF CAU F DEATH?	SE
뿔												1	YES 2 NO	
ä														
₹ I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Che	eck only o	ne)				
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	₹: sing Nom	• 5 □ Re	esidence	6 🗆 Othe	er (Specify)				
PHYSICIAN: MEDICA	27. MANNER OF DEATN	28e. DATE OF (Month, D	INJURY	26b. TIM		28c. INJ	URY AT			SCRIBE HOW I	NJURY OC	CURED		
ВУБ	1 Netural 5 Pending 2 Accident Investigation	(MONN), D	ray, rour)	1111	M		YES 2] NO						
	3 Suicide 6 Could not be	28e. PLACE C	F INJURY — At he	me, farm,	street, lect	ory, offic				CATION (Street e	nd Number	or Rural Rou	te Number,	
COMPLETED	4 Homicide determined	bulloing,	etc. (Specify)						City	or Town, State)				
E	29e. CERTIFIER 1 M CERTIFYING PAYSICIAN: To the best of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of t													
MP	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Dn the basis of examination end/or investigation, in my optnion, death occurred at the time, date end place, and due to the cause(s) and manner es stated.													
8	1 //													
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)													
July 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) /Zing Print)									uly 30), 1992				

M.D. 3720 Farragut Avenue, Kensington, Maryland

32. REGISTRAR'S SIGNATURE

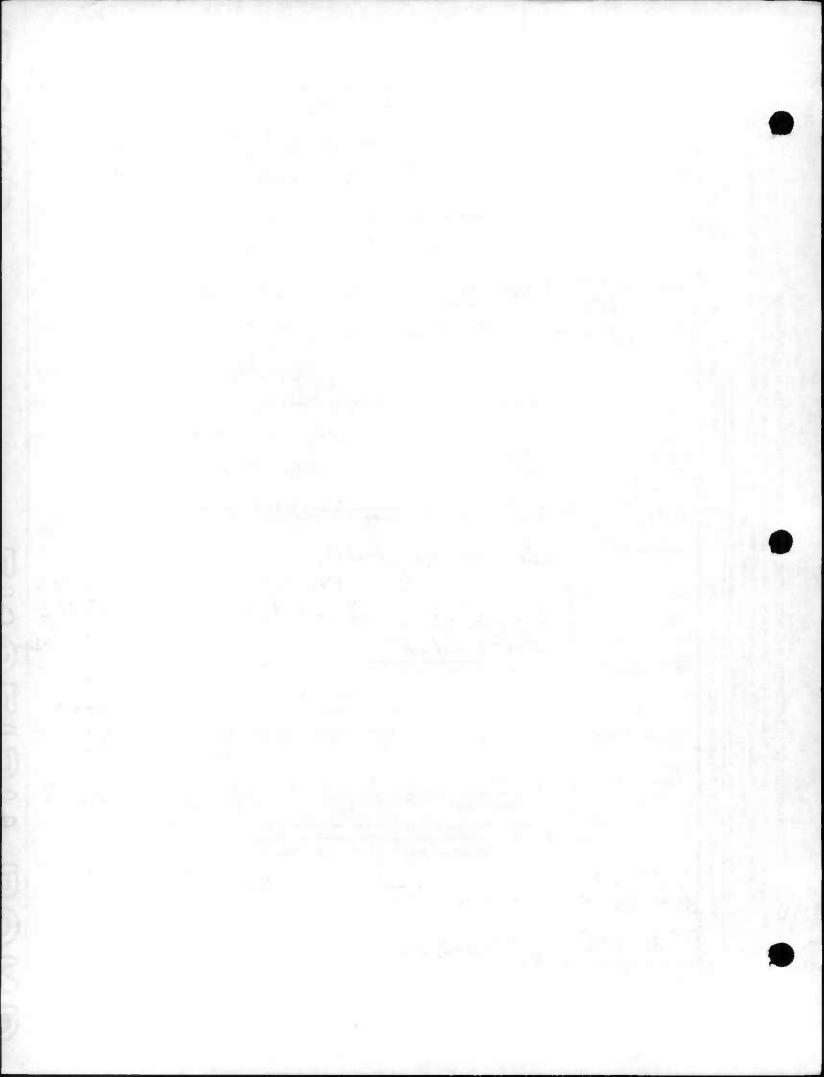
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Barry Rosenbaum,
31. DATE FILED (Month, Day, Year)
JUL 31 92



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been vegered by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt, of Health, and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				NO.	2 2 2 3 0 4			
Ü	1. DECEDENT'S NAME (First, Middle, Lest)		OZITI I IO	AIL OI	DEATH	2. DATE OF OEA	тн	3. TIME OF DEATH			
16	Magdalene	Maske	CUMI	BERLAND		July 27		8:40 p ^M			
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, V	TH 8.	BIRTHPLACE (State or Foreign Country)			
- N	579-82-5793 9e. FACILITY NAME (If not institution, give a	1 M 2 💢 F	76 YRS.		R LOCATION OF OE	June 15	, 1916 Wa				
Œ						AIH					
5	Carriage Hill Nur			Bethesd			Monts	gomery			
E	10e. STATE 10b. COUNT		-	OWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?			
LD	Maryland Montg	omery	Chevy	Chase	ZIP CODE		10a CITIZEN	1 ☑ YES 2 ☐ NO			
FUNERAL DIRECTOR	5509 Trent Street			-	0815		U.S.A				
S	11. MARITAL STATUS	12. WAS DECEDENT EVER II		13. WAS DECI	ENDENT OF HISPAN		Ify Yee or No- 14.	RACE — American Indian.			
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			city Cuben, Mexican 2 1 NO Specify:			Black, White, atc. Specify:			
	15, OECEDENT'S EOU	CATION	16e. DECEDENT'S USL	IAL OCCUPATIO	A4	THE RING	OF BUSINESS/INDUST	hite			
ETE	(Specify only highest grade	College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during mos tired.)	t of working	IOD. KIND	OF BUSINESS/INDUS	INT			
P	12	College (1-4 of 5+)	Housewife	2		Home					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	ME (First, Middle, I	faiden Surname)				
BE (Frederick Maske				Nellie						
0	19e. INFORMANT'S NAME (Type/Print)						or Town, State, Zip Co				
	Joan C. Irey	20	14120 b. PLACE AND DATE OF				e, Maryla				
	1 M Burlel 2 Greenellon 3 Removal from Stale of cemetary, crematory or other place) Gate of Heaven Cemetery 7/30 Silver Spring, MD 21-SHONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY De Vol Funeral Home										
-	21. SIGNATURE OF FUNERAL SERVICE LI		01 1100	22. NAME AN	D ADDRESS OF FAC	CILITY De V	ol Funera	11 Home			
	Juckal Cultury 10 East Deer Park Drive Gaithersburg, MD 20877										
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Appro											
16	IMMEDIATE CAUSE (Fine)	2	acii iiie.	/				Interval Between Onset and Death			
	disease or condition resulting in death) s Cill V(Ino ma h D n g) OUE TO (OR AS A CONSEQUENCE QF):										
		Chipp.	CONSEQUENCE OF):	ONC	hofe		YOMES				
0	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):	11-	ORDO	,		1 Me			
CA	cause. Enter UNDERLYING CAUSE (Disesse or injury	SEIZ	URE	125	OKOC			6 1/105			
CERTIFICATION	that initiated events reaulting in death) LAST	S DUE TO (OR AS)	CONSEQUENCE OF):					48 km			
CEF		d	3/0					10.107			
AL	PART ii. Other significant condition	ns contributing to death t	out not resulting in t	he underlying	cause given in		AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDIC			<u> </u>			1 🗆 '	YES 2 NO	OF DEATH?			
ME						-		1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1		26. PL	ACE OF DEATH (Che	eck only one)		X			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Out	patient 3 DOA 4	THER: Nursing Hom	e 6 🗆 Residence	6 Other (Speci	fy)				
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	URY AT RK?	26d. DESCRIBE	HOW INJURY OCCUP	RED			
BY	1 Natural 5 Pending 2 Accident Investigation				res 2 No		Andrew Control				
ED	3 Suicide a Could not be 4 Homicide determined	building, etc. (Spe	Y — At home, farm, atre- octly)	et, factory, office		City or Town	(Street and Number or , State)	Rurel Route Number,			
LET	290. CERTIFIER 1 TO CERTIFYING DAYS	NCIAN: To the heat of my know	vlados daeth assumed a	d the time date	and place, and due	to the cover(e) o	ad manner on stated				
29e. CERTIFFIER (Check only one) 29e. MEDIGAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, dete and place, end due to the cause(e) and menner as stated.											
ECC	296. SCHAFTURE AND THE OF GENERALE	m 0		V .	29c. LICENSE NUM	ABER	29d, DATE S	IGNED (Month, Day, Year)			
00	1110 11	unix	ly 28, 1992								
10	39 NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	int)							
	Morton W. Shapiro		Pooks Hill	L Rd. B	ethesda,	Maryla	nd_20814				
	31. DATE PILED (Marit, Don, 109)	guna Davidson	Am Roade RO								



1, 2, 3 should permit. Pages use as the burial-transit the hospital or attending physician. 10 page 5 should be detached 3 16 Page 6 may be retained notified be must examiner funeral death. n by the fremoval. medical filled in by completely filled rial, cremation, o the event, executed within and com o burial, o traumatic prior to 1 attending physician intal Hygiene prior to certificate be other ŏ the death been signed by the atte injury, that any requires ä mark After

BALTIMORE, MARYLAND 21203-3146

BOX 13146,

P.0.

RECORDS,

VITAL

PP

TO THE FUNERAL be filed within 72 IMPORTANT: II

2

BE

2

Peter Schissler

31

'Q?

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION MEDICAL PHYSICIAN: BY ETED. COMPL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN Kathryn R. Carney 3:00 a 07 24 92 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 63 MONTHS DAYS HOURS MIN. 1 M 2 XF 218-26-9651 YAS 5/30/29 Maryland 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH Sacred Heart Home Pr. Geo's. Hyattsville RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Pr. Geo's. Hyattsville 1 1 YES 2 | NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 5805 Queens Chapel Road 20782 USA 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Narried Specify: 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8+) Housewife Housewife 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Malden Sumame) John Golden Murphy Bridget Leach 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert W. Carney 1515 Jeff Davis Highway, Arlington VA
20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Burial 2 Cremation 3 Removal from State Donation 5 Other (Specify) Silver Spring, MD Gate of Heaven Cemetery
22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL MERVICE LIDENSEE Hines-Rinaldi Funeral Home 60 11800 New Hampshire Ave., Silver Spring. MD 20904 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death multiple strobes
oue TO (OR AS A CONSEQUENCE OF): disease or condition cert resulting in death) Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2XX NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 - Hillural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide determined CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated. ation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated. 29c, LICENSE NUMBER

2227PO 29d. DATE SIGNEO (Month, Day, Year) 7/24/92 ISON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

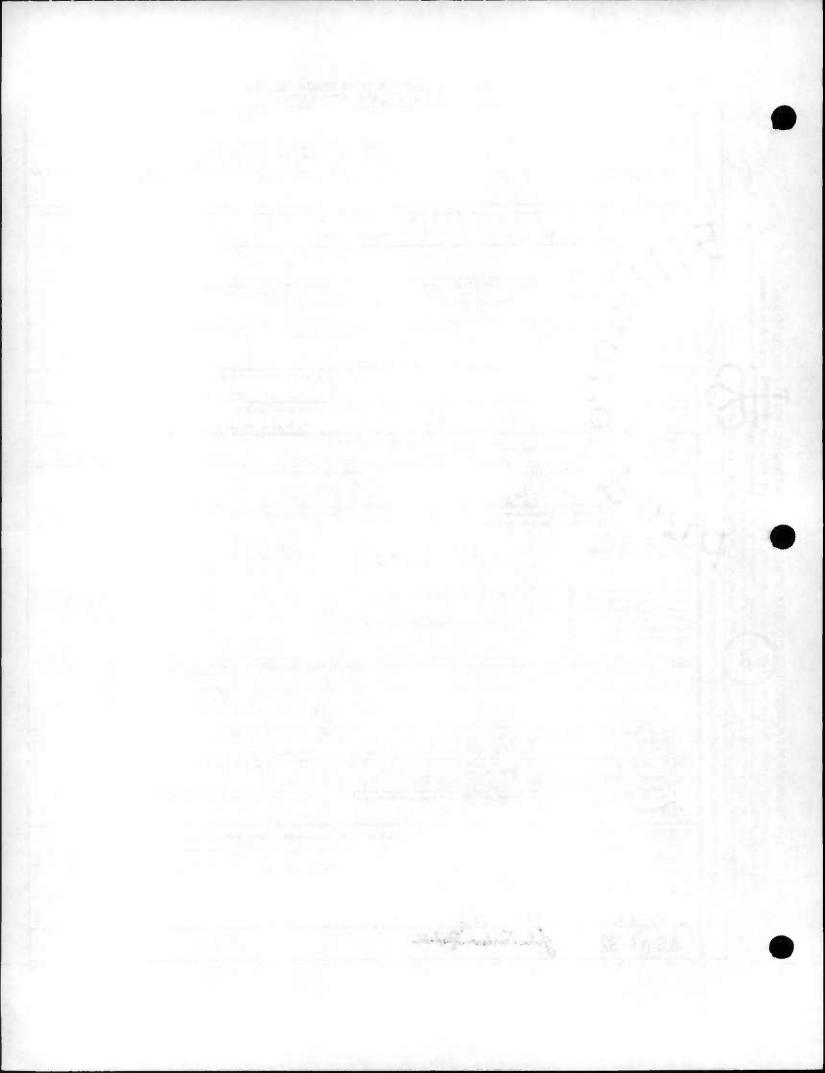
7500 Greenway Center, Ste 430, Greenhelt, MD

. REGISTRAR'S SIGNATURE Whia Davidson Randoll

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND	24 hours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detachedon, or removal.	he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS. P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the ingressin entities to be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atending physician and completely filled in by the tuneral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Account Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows an injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	SIAIE UF I	/ MARYLAND CI		ICATE				MENTA	REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH	
	MICHAEL	DAVID		CUDD					0.7	30		92	1:30 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER			OF BIRTH 1		8. BIRTI	HPLACE (State or Foreign	
	214-78-6079	12 M 2 □ F	32	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct	ober	19,	Washington, D. C		
	9e. FACILITY NAME (If not institution, give a	treet and number)					R LOCATE		EATH		9c. COL	INTY OF E		
DIRECTOR	211 SOUTHWOOD R	OAD			SI	SILVER SPRING						NIGO	MERY	
2	RESIDENCE OF DECEDENT 100, STATE 100, COUNTY	,		100.00	Y, TOWN C	D 1 004	1011							
HIC		gomery											10d. INSIDE CITY LIMITS?	
	100. STREET AND NUMBER	gomery		3.	ilver	_	zip copi				40- 007	THEN OF	1 X YES 2 NO	
RA	700 Kerwin Road					1	2090					ITIZEN OF WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13.	WAS DEC			NIC OBIOIN	7 (Specify Yes		U.S.	E — American Indian,	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 XI	NO		I yes, sp	2 NO	n, Mexica	in, Puerto F	Ricen, etc.)		Black, White, etc. Specify:		
ED	15. DECEDENT'S EDUC (Specify only highest grade				USUAL O				16b.	KIND OF BUS	SINESS/IN	DUSTRY	White	
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MP	12		La								1's 1	Lands	Service scaping	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Maiden								-		
8	Madison L. Cudd			Shirley Louise Goolsby										
9	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Cod										
	Robert Cudd			700 Kerwin Rd. Silver Spring, MD. 20										
	1 Burial 2 Cremation 3 Removal from State									20c. LOCATION — City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LIC		- I Metro	opoli						/92	fairi	fax,	Virginia	
	FRANCIS J. COLLINS F 500 UNIVERSITY BLVD.													
	23. PART i. Enter the diseases, or o shock, or heart failure.	omplications tha	t caused the de	ath. Do	not enter	ths mo	de of dyi	ng, suc	h se cerd	liac or respi	ratory sr	rest,	Approximats	
	IMMEDIATE CAUSE (Final	list Only Die Cau	on each line										Onset and Death	
	disesse or condition resulting in death)													
		DUE TO	(OR AS A CONSEC	DURNCE O	FI									
Z	Sequentially list conditions,													
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	iseduence of):										
윤	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	QUENCE OF):										
E	resulting in death) LAST													
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à	2 Accident Investigation	07-30	FINJURY — At hor	- 6	10001 1001		ES 2 🛚	NO						
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MP	(Check only one) 1 CERTIFYING PHYSIC ONE)													
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뭥.	299 SHOWATURE AND TITLE OF CERTIFIER	link	M)			29c. LICE	C.M.					(Month, Day, Year) - 1992	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	E OF DEATH STEA	4 27) /=	Drine)		0.	C.P1.	, LI,		- 0)	1372	
	TUAREN W	KE,	M			NN S	STREE	T BA	ATTIMO	RE, MAI	RYLAI	ND 21	1201	
31. DATE FILED (Month, Day Year) AUG 0 3 92														



TO THE HOSPITAL
TO THE FUNERAL
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IMPORTANT: If I

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		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (I	n yrs. lest	birthday)	IF UNDER	R 1 YEAR	IF UNDER	1 24 HRS	
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				(SON)	_		CARTERS OAK WA					
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Page dire		21. SIGNATURE/OF FUNERAL	-	phote // /		ALL	OF I					
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the day Ment a	- 11	PART II. Other algnificer	nt conditions	contributing to	death bu	it not re	sulting i	n the ur	derlying	ceuse c	alven i	
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ATTENDING PHYSICIAN ECTOR: After this cer inc is after death with the Si 128 is marked, et il	PHYSI	27. MANNER OF DEATH 1 Natural 5 P	hading	28s. DATE OF (Month, Di	INJURY sy, Year)		28b. TIMI	OF	28c, INJU	JRY AT		
DING PHYSI After this c death with	B		ending rvestigation					M	1 🗌 Y	ES 2] NO	
ATTENDING ECTOR: After s after death			Could not be	28e. PLACE Of building,	F INJURY - atc. (Specif	— At hom	ie, ferm, s	treet, fact	ory, office			
OR ATTEND DIRECTOR: hours after item 28 is	COMPLETED											
A P D D S	MP.	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placs, and one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at										
HOSPITAL FUNERAL WITHIN 72	8	2 LI MEDIC	AL EXAMINER	t: On the basis of sa	emination	and/or in	vestigation	, in my o	pinlon, de	eth occur	ed at ti	
工匠多品		ness manufacture same record							-			

296. SIGNATURE AND TITLE OF CERTIFIED

MARIO

31. DATE FILED (Month, Day, Year) AUG 03

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

PLUTALCO

92 22587 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 3. TIME OF DEATH 07-30 1045 7. DATE OF BIRTH (Month, Day, Year) SEPT. 22, 1896 8. BIRTHPLACE (State or Foreign **ECUADOR** 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MONTGOMERY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? **ECUADOR** 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whits, etc. f yes, specify Cuban, Mexican, Puerto Rican, atc.) Specify: Specify: WHITE 16b. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Maiden Surname) ROSARIO BRAVO MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 906 CARTERS OAK WAY BURKE, VIRGINIA 22015 DATE 20c. LOCATION — City or Town, Stats 8/3 SILVER SPRING, MARYLAND 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 th. Do not enter the mode of dying, such as cardiec or respiratory arrest. Approximate Interval Between Onset and Death RENAL FAILURE sulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 26. PLACE OF DEATH (Check only one, g Home 5 Residence 8 Other (Specify) 28d. OESCRIBE HOW INJURY OCCURED

th occurred at the time, data and place, and due to the cause(s) and manner as stated, 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29c, LICENSE NUMBER 023/77

7/30/92

29d. DATE SIGNED (Month, Day, Year)

BELLEDUNKE MO 32. REGISTRAR'S SIGNATURE

S OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

PHYSICIAN

CERTIFICATE OF DEATH

20912

PLUTARCO CARBO

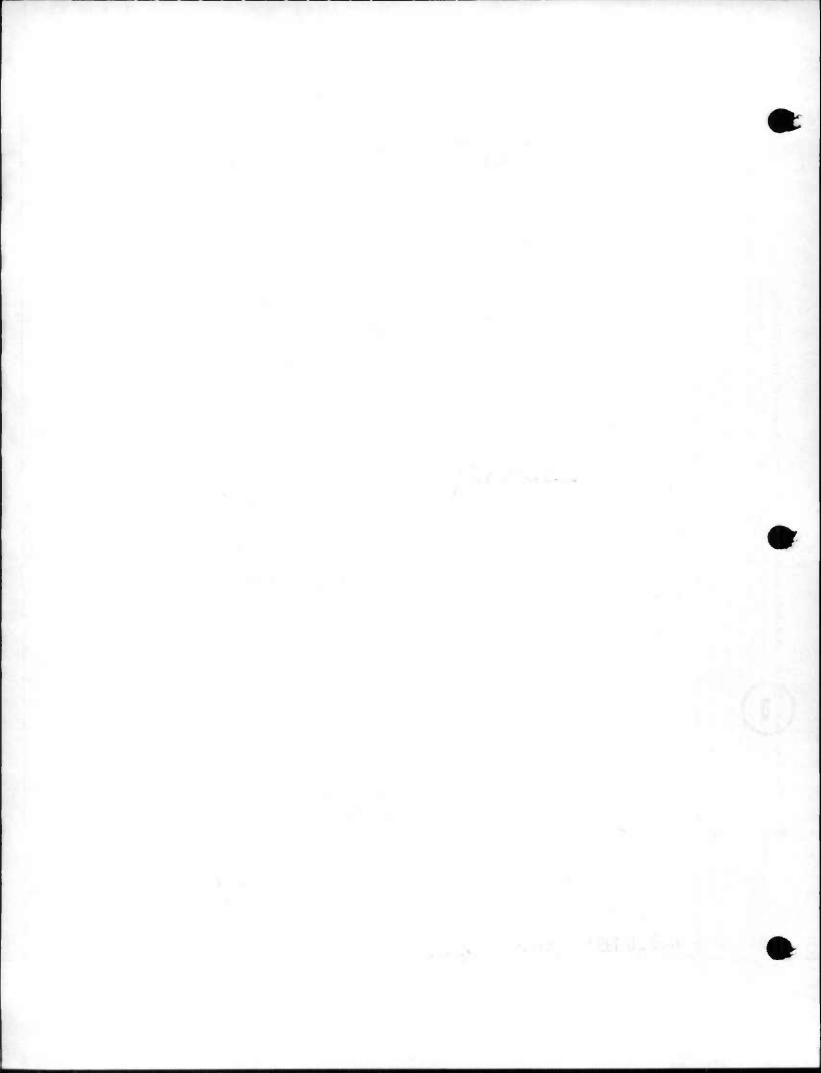
148/1 PHYSICIANS AN

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September 1	ting the	om 23 sho
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law woman are not the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians and the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property o	TO THE FUNERAL DIRECTOR: After this conflictor was been proved by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burian second sufficient to the control of the burian second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	the life when it is noted after dealt with the Sale controlled and mental hypers provide until the medical examiner must be notified at once.
ATTENDING	CTOR: After	28 is ma
SPITAL DR	NERAL DIRE	NT: If Item
THE HO	HE FU	ORTA

STA	TE OF	MARYLAND / DE	OF HEALTH OF DEAT	MENTAL	HYGIENE REG. NO.	
511	_	61	11	2. DATE O	F DEATH	

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF HE		ENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Las	"Ella F	ovence	Clin	e	2. DATE OF DEATH	7 /99	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-36-3878 9a. FACILITY NAME (If not institution, gh	1 D M 2 D F 89	(in yrs. lest birthday) YRS.		HOURS MIN.	7. DATE OF BUILTH (Month, Day, Year) NOV. 2,19	02 B	BIRTHPLACE (State or Foreign Country) DONSDOYO, Md.
TOR	844 Rose Hill	Ave.		Hager:	STOWN	гн	Washi	ington
DIRECTOR	10a. STATE 10b. COU			agerstown				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 844 Rose H			101. 2	ZIP CODE 21740			OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	13. WAS DECE	NDENT OF HISPANIC	ORIGIN? (Specify Yer Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT use	USUAL OCCUPATION rork done during most retired.)	of working	16b. KIND OF BU	SINESS/INDUST	FRY
MP		4	Homema	ker		Own Hor	ne	
	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden	,	
R	Albert Wilhio	<u>1e</u>	10h MAII INC	ADDRESS /Street and		ce Emerson		
2	Robert W. Cline	۵.						, Md. 21795
	20a. METHOD OF DISPOSITION 10 Burlal 2 Cremation 3 Re	emoval from State 20th	D. PLACE AND DATEO netery, crematory or oth Rest Have	F DISPOSITION (Nam her place)	ne of	DATE 20c, LO	CATION — City	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE TIME AT	Nest have		ADDRESS OF FACIL	LITY		
_	John H. B	4	P		FUNERAL H	HOME. BOX	onsboro	National Pike , Md. 21713
	The second Process of the Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Seco	e. List only one ceuse on e	d the desth. Do no	ot enter tha mode	e of dylng, such :	ss cardiec or reap	Iretory erreat	Intarvsl Between
	immediate cause (Final disesse or condition resulting in death)	· Acute	YO C	andial	Int	arctic	n	S Minutes
NO	Sequentially list conditions,	- Anterior	CONSEQUENCE OF	Corona	uy Ven	sel Ais	core	5 years
CERTIFICATION	if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	с	CONSEQUENCE OF					
CERTI	resulting in daeth) LAST	_ d						
ICAL	PART II. Other significent condition	ona contributing to deeth b	out not resulting in	n the underlying	ceuae given in Pa	24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC						-		OF DEATH?
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			CE OF DEATH (Check	conty one)		
YSI	1 TES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outs	patient 3 DOA	OTHER: 4 Nursing Home	5 Residence 6	Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY WOR		ed. OESCRIBE HOW I	NJURY OCCUR	ED
	3 Suicide 8 Could not a determined		' — At home, ferm, st cify)	treat, factory, office	2	8f. LOCATION (Street a City or Town, State)	and Number or F	Bural Route Number,
COMPLETED		YSICIAN: To the best of my know						ruse(e) end manner ee stated.
TO BE	296. SIGNATURE AND TITLE OF CURTU	Person	al Phy	Num	DOY 3	59	29d. DATE SH	GNED (Morith, Day, Year)
-	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	5 9 (Type	Potomac	Ave.	Ka	gevi	bun
	AUG 10 1992	July Deniem P.						



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and t
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Lloyd Russell Caracofe August 1992 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, 3/13/1915 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F Virginia DAYS HOURS MIN 577-03-0608 YRS. Se. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10714 Green Ash Lane Beltsville Prince George's 10e. STATE DIRE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY M Prince George's Beltsville 1 YES 2 XNO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10a, CITIZEN OF WHAT COUNTRY? death. Page 6 may be retained by the hospital or attending physician. In tuneral director, page 5 should be detached for use as the burial-transit 10714 20705 USA Green Ash Lane WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rid 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced W II White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Postal Clerk U.S. Postal Service 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) notified at Russell Caracofe Idessa Atkins 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10714 Green Ash Lane Beltsville, Md. 20705 Lily Binns Caracofe must be 20n METHOD OF DISPOSITION
1/LA Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Oak I awn Cemetory or other place) 8/11 4 Donation 5 Other (Specify) Bridgewater, Va. the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Johnson Funeral Service, Inc. varies 02 P.O. Box 41 Bridgewater, Va. 22812 has been signed by the attending physician and completely filled in by the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. after 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory erreat, shock, or heart fellurs. List only one cause on each line. Approximate hours Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition CARDIORESPIRATERY ARREST event. resulting in death) Ten minule CHRONIC GLOMERULO NEPHRITIS
DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING MYOCARDIAL ISCHAEMIA 3 yn . CAUSE (Diseese or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 50 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL this certificate ha 26. PLACE OF DEATH (Check only one) Hem I HOSPITAL: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 4 ☐ Nursing Home 5 🖫 Residence 6 ☐ Other (Specify) 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 🔯 Netural 5 Pending Investigation 1 YES 2 NO BY THE HOSPITAL OR ATTENDING P THE FUNERAL DIRECTOR: After I filed within 72 hours after death 2 Accident 28e. PLACE OF INJURY — Al home, lerm, street, factory, office building, etc. (Specify) 3 Suicide 28 is 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide Hem 1 🕱 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. IMPORTANT: IF 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8/10/92 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) COLLEGE PAKK MD 22746 AZHER HUSSAIN MD 4917 EDGEWOOD RD 31. DATE FILED (Month, Day, Year)

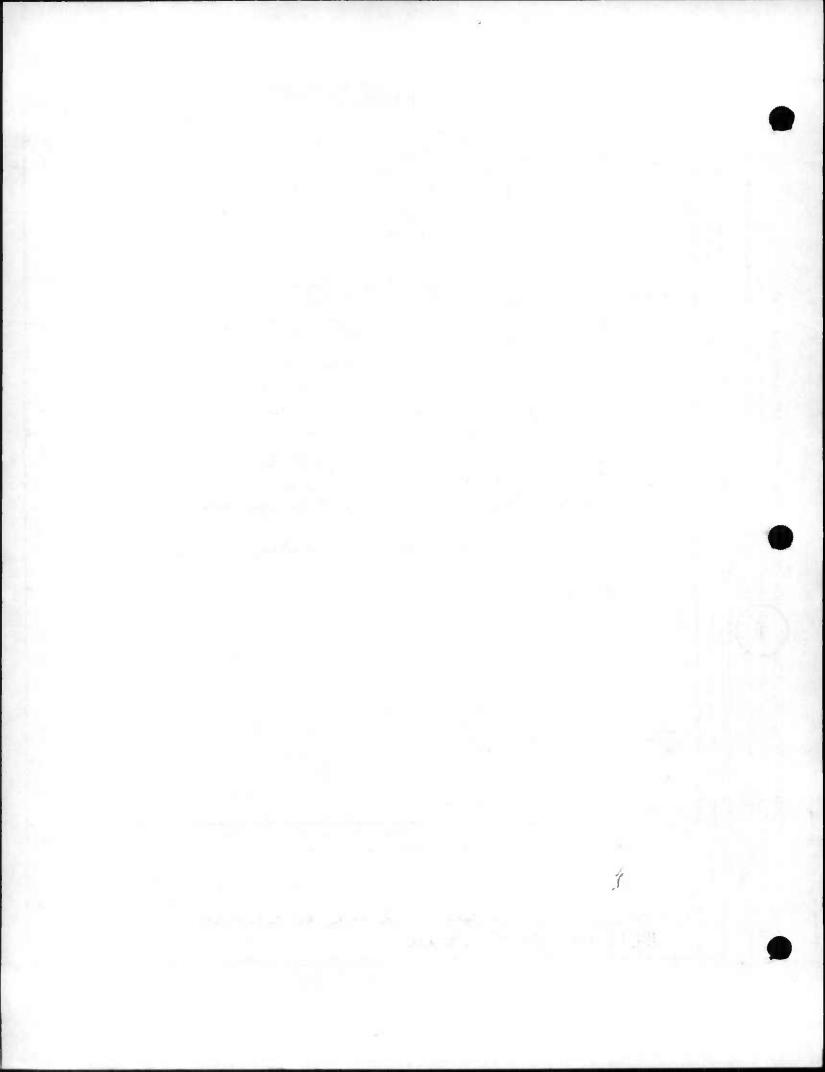
32. REDISTRAR'S SIGNATURE

Julia Davidson- Randole

AUG 1 4 1992

Appear to the first of from addition of the order

	4 DECEMBER NAME OF A SHARE A		LAND / DEPART CERTIFIC	CATE OF	DEATH	REG. NO).	9:39p.m.	
	1. DECEDENT'S NAME (First, Middle, Las	JOHN RO	ray	OSGRAY		2. DATE OF DEATN MONTH	7/11/92 YEAR	3. TIME OF DEATH	
	233-50-5051 9a. FACILITY NAME (If not institution, give	1 x3x 2□ F 57	7 YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN OF	IF UNDER 24 HRS. HOURS MIN.		1934 W	est Virgi	
TOR	Shady Grove A			Rocky		EAIN	Mont	gomery	
L DIRECTOR	10a. STATE 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. STREET AND NUMBER	ferson		TOWN OF LOCATE				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	103 Cider Lane			101.	10f. ZIP CODE 25438			American	
B≼	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 200	If yes, spec	NDENT OF NISPAN city Cuban, Mexica 2 X NO Specify	HC ORIGIN? (Specify Yes, Puerto Rican, etc.)	Bia	CE — American Indian, ck, White, etc. city: White	
PLETED	15. DECEDENT'S EI (Specify only highest gra Elementery/Secondary (0-12) 10th	DUCATION ide completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wo life. Do NOT use Dry Wal	ork done during most retired.)	of working		siness/industry	n	
COMPLE	17. FATHER'S NAME (First, Middle, Last)		7			ME (First, Middle, Meiden			
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TO BE	Joyce Jean Co					Plante Number, City or Tow Anson, W	vn, State Zip Code). Virgi	nia 25438	
Hust	20. METHOD OF DISPOSITION 1. Burial 2 Cremetion 3 Re 4 Donation 6 Donat (Specify) 21. SIONATURE OF FUNERAL SERVICE	T	b. PLACE AND DATE OF metery, crematory or othe nomas Ch	apel Co	emeter	7/16 H	undred,	W. Virgi	
al examiner	* Nobert 2	. Willia		Olin Damas	L. Mole	esworth,	20872	Funeral H -0117	
traumatic event, the medical	23. PART I. Enter the discess, o shock, or heart fellure immediate CAUSE (Finel disease or condition resulting in death)	a. List only one cause on o	A CONSEQUENCE OF):			-	cea se	Approximate Interval Betwee Onset and Deat	
RTIFIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):						
MEDICAL CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. OUE TO (OR AS .	A CONSEQUENCE OF):	tha undarlying	csuse given in	Part I. 24e, WAS AN PERFOI	RMED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
hows any injury, or other MEDICAL CERTIFIC	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the	c. OUE TO (OR AS .	A CONSEQUENCE OF):		csuse given in	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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ked, or liem 23 shows any injury, or other in PHYSICIAN: MEDICAL CERTIFIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions to the condition of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the	d. OUE TO (OR AS de la contributing to death is	A CONSEQUENCE OF):	26. PLAI DTHER: Nursing Home Nursing Home 126c. INJUF	CE OF DEATH (Che 5	PERFOI 1 TYES (RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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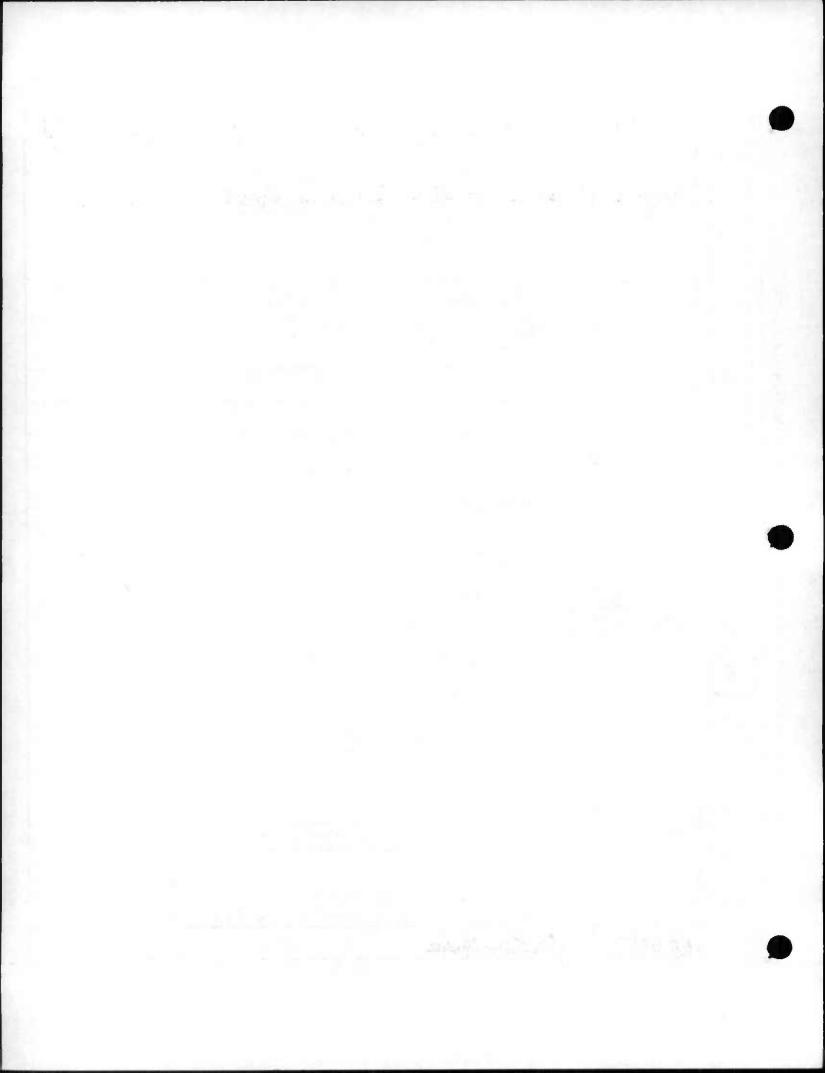
	BALTIMORE, MARYLAND 21215-0020	STAN: The law requires that the death certificate be executed within 24 froms after death. Page 6 may be retained by the hospital or attending physician.	Antificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	edical examiner must be notified at once.
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AUG 03'92 Sula Davidson-Andrese	L	PETER J. LePRE	CSTI, M. D.	VAMC /	PERR	RY POIN	r, MD 21	902					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of the principle prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows the traumatic event. The medical examinar must be marked, as an examinar to the provided as a provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provide	may be retained by the hospital or attending physician. or, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be accorded to the pages 1, 2, 3 should be appeared.
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	FOR 1 - STATE REGISTRAR	STATE OF MA			RTMENT OF H			IENTAL HYGIEN REG. NO.	E	J (22592
-	1. DECEDENT'S NAME (First, Middle, Last) COCIN NE 4. SOCIAL SECURITY NUMBER		drews.		Cole			2. DATE OF DEATH DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE DATE OF THE D	- 0	Y2	TIME OF DEATH 4 27 M
1	220-40-4340	1 M 2 K F	48	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS 1	MIN.	7. DAFE OF BIRTH (Month, Day, Year) 6/18/44		Country)	ACE (State or Forfign
TOR	PA PACILITY NAME (IT not institution, give at	All records and a second	tospito	iL.	SB. CITY, TOWN O	- ac	(2	race	9c. COU	arto	
DIRECTOR	Maryland 106. COUNTY	Harford	1	1	y, town on Locat erdeen	ION				1	Dd. INSIDE CITY LIMITS? X YES 2 \(\square\) NO
	10e. STREET AND NUMBER	· ·		IAU		ZIP CODE			10g. CITI		AT COUNTRY?
FUNERAL	112 West Aztec St	12. WAS DECEDENT E	VER IN U.S. AR	MED	13 WAS DEC	2100		C ORIGIN? (Specify Yes		U.S.	
BY	1 Never Married 2 12 Married 3 Wildowed 4 Divorced	FORCES? 1 _ IF YES, GIVE WAR	YES 2	NO	If yes, sp	ecify Cuban, 2X NO	Mexican,	Puerto Rican, etc.)	or No-	Specify:	American Indian, Vhita, atc.
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		/G	CEDENT'S live kind of to Do NOT us	USUAL OCCUPATION Work done during mode retired.)	ON st of working		16b. KIND OF BUS	INESS/IND	USTRY	
MPL	12	2	0	ffic	e Manage	r		State Fa	arm I	ns. C	b.
	17. FATHER'S NAME (First, Middle, Last) Thomas Andrews							E (First, Middle, Malden	Surname)		
) BE	19a. INFORMANT'S NAME (Type/Print)		19:	b. MAILING	AOORESS (Street a			y Jamison	n, State, Zio	Code)	
임	Ms. Wendy Buchwal	d						berdeen. I			21001
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	20b. PLACE	AND DATE	OF DISPOSITION (Na	me of		OATE 20c. LOC	CATION —	City or Town	, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	R. A.	ren	22. NAME AN	D ADDRESS	OF FACIL	LITY		ster,	
	Konnetty &	Car	, 0,		Tarr	ing-C deen	argo Mar	Funeral E	Home,	P.A.	
	23. PART I. Enter the disesses, or cahock, or hasrt failure. L	omplications that collections one couse	sused the de	ath. Do r	not enter the mo	de of dyln	g, such	as cardiec or respi	ratory arre	est,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Ca Lu.	ng (N	16	Metas	tas	2 1				Onset and Death
8	Sequentially list conditions, Due to (on as a consequence of):										
SAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		AS A CONSEC	JUENCE OF	-}:						
CERTIFICATION	that initiated eventa resulting in death) LAST	DUE TO (OI	R AS A CONSEC	DUENCE OF	T):						
7	PART II. Other significant conditions	contributing to de	eth but not r	eaulting i	n the underlying	ceuse giv	ven in Pa	art I. 24s. WAS AN / PERFOR	AUTOPSY MED2		ERE AUTOPSY FINDINGS ARLABLE PRIOR TO
PHYSICIAN: MEDICA								1 TES 2		OF	MPLETION OF CAUSE DEATH? YES 2 NO
Sici	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/		OTHER:	ACE OF DEA					
HYS	1 YES 2 NO	1 Inpetient 2 Det	IURY	28b. TIM		JRY AT	_	Other (Specify)	JURY OCC	URED	
à I	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,		20211	M 1 Y	ES 2 🗌	_				
	3 Suicide 6 Could not be determined	building, atc	(Specify)	me, raim, s	areet, factory, offica		2	281. LOCATION (Street as City or Town, State)	nd Number (or Rural Rout	e Number,
COMPLET	29e. CERTIFIER (Check only one) 1 DERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the bast of my	knowledge, de ination and/or i	ath occumenvestigatio	od at the time, data n, in my opinion, de	and place, a	and due to	the cause(a) and mani ne, data and place, and	ner as state I due to the	d. I cause(s) an	nd manner se stated.
TO BE	29b. SIGNATURE THE TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	DE DEATH STEE	4 27) /Em-	Dried	D 3	SE NUMBE		29d. DATE	SIGNED (MC	onth, Day, Year)
	S1. DATE FILEO (Month, Dey, Year)	132. REGISTRAR'S	MD -	7 03	Revolu	ation	nst	- Harre	DeG	race	MD 21018
		the Davidson									DHMM 16 Pay 1/00



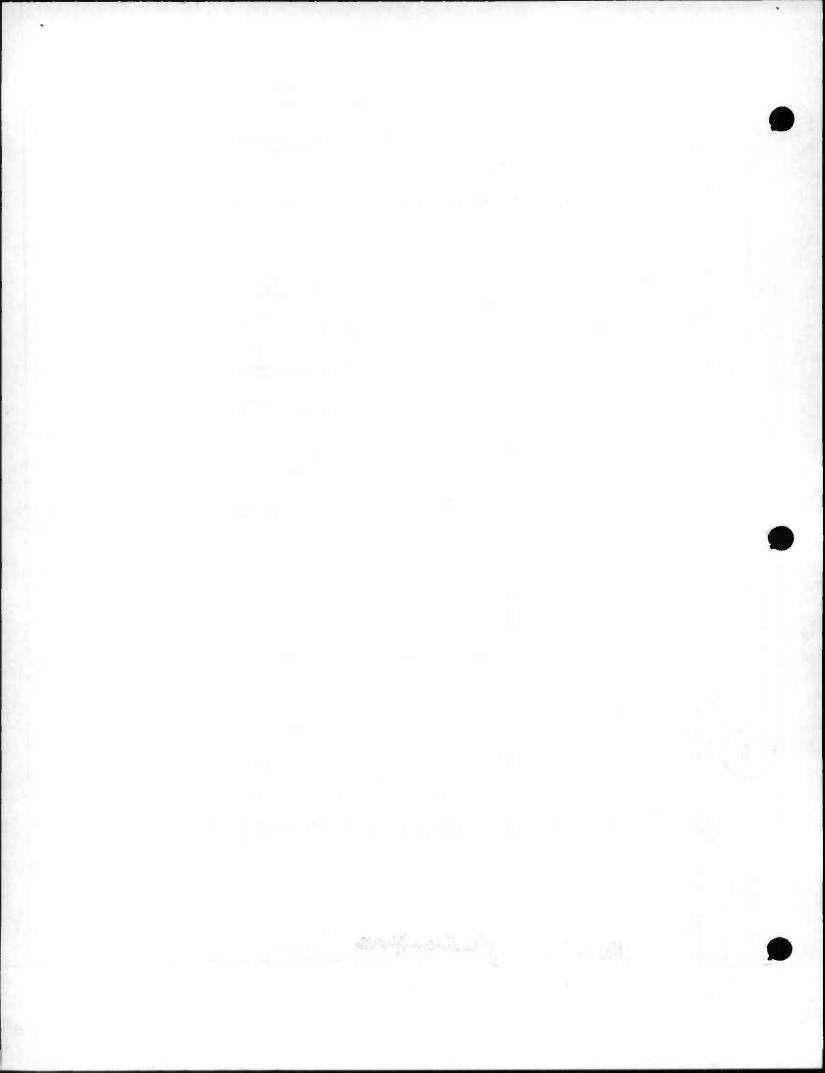
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	TO THE	THE OF	IMPOR

THOMAS A. BIONA 31. DATE FILED (Month, Day, Year) AUG 06'92

32. REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR	STATE OF MARYLA				IEALTH AND DEATH	MENTA	L HYGIEN		92	22593
	1. DECEDENT'S NAME (First, Middle, Last)	N CIAI	NEL	LI			2. DATE	OF DEATH	1/99	YEAR 3.	TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (II	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTH Count			8. BIRTHPL	ACE (State or Foreign			
	239 50 7835		7 YRS.	MONTHS	DAYS	HOURS MIN.	08	-30-19	34	Country)	NC
DIRECTOR	90, FACILITY NAME (If not institution, give effect and number) - 90, CCTV, TOWN OR LOCATION HATTORY PENTALIAL HOSP, HAVE OR							Ce	9c. coy	TY OF DEAT	rd
E C	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	Υ	10c, CIT	Y, TOWN O	R LOCAT	TION				140	d. INSIDE CITY
	MD H	arford			vre	de Grac	ce	_		13	LIMITS?
FUNERAL	712 Commerce					210				USA	
BY	11. MARITAL STATUS 1 Never Married 2 K Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 K NO	10	yes, sp	ENDENT OF HISPA ecity Cuben, Mexica 2 X NO Specif	nn, Puerto	N? (Specify Ye Rican, etc.)	or No—	Black, W	American Indian, hite, etc. White
유	15. DECEDENT'S EDU- (Specify only highest grade		16a. DECEDENT'S	USUAL OC	CUPATIO	ON	160	. KIND OF BU	SINESS/INC		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of site. Do NOT us	omem							
8	17. FATHER'S NAME (First, Middle, Last)			Omen	Idite	18. MOTHER'S NA	ME (First,	Middle, Maiden	Surname)		
BE C	Jessie Crou	se						Wood			
	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street a	nd Number or Rural				Code)	-
임	Mr. Carmen F. C	Cianelli									MD 21078
	20e. METHOD OF DISPOSITION 1 (X Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b.1	PLACE AND DATE	DE DISPOSI	TION /No		047	E 200 LO	CATION	City or Town	State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	ariord i	1011101 22. N	LIST.	Gardens ID ADDRESS OF FA	CHITY	Ab	erae	en, I	MD
	· William	S. Smsi	7.	Mi	itch	ell-Smith e de Gra	ı Fu				
	23. PART I. Enter the diseases, or o	complications that caused List only one cause on as	the death. Do r	ot anter t	tha mo	de of dying, suc	h aa car	diac or reap	ratory arr	eat,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		_	o Ro	151	RATORY	1 4	eas	7		Onset and Death
	resolving in death)	DUE TO (OR AS A	CONSEQUENCE OF	F)·							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A			147	TORT	FA	luke			
₫	cause. Enter UNDERLYING CAUSE (Disease or Injury	c									
造	that initiated events resulting in death) LAST	DUE TO (OR AS A (CONSEQUENCE OF	ን:							
5		đ									
4	PART II. Other aignificant condition	a contributing to death bu	t not resulting	n the und	derlying	cause given in	Part I.	24s. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
<u>§</u>	Co	PD.						PERFOR	1	co	MPLETION OF CAUSE
Ä							_		N.O.		DEATH?
ž										1 "	3.20 2 0 10
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (Ch	eck only o	ne)			
Si	1 TYES 2 NO	HOSPITAL: 1 Minpetlent 2 ER/Outpat	tient 3 🗆 DOA	OTHER:		e 5 🗆 Residence	8 🗆 Othe	r (Specify)			
27. MANNER OF DEATH 280. OATE OF INJURY Afonto Day beg 1 280. OATE OF INJURY 280. TIME OF 180. INJURY AT WORK? 280. DESCRIBE HOW INJURY OCC INJURY								CURED			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, atc. (Specify	- At home, farm, i	stree1, facto	ry, office	•	281, LOC C/ly	ATION (Street of Town, Stete)	and Number	or Rural Route	Number,
	29e. CERTIFIER										
COMPL	(Check only	CIAN: To the best of my knowless. Graph of the basis of examination of the basis of examination of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis									d manner ee stated.
EC	296, SIGNATURE AND TITLE OF CERTIFIER	indo MP.				29c. LICENSE NUM	MBER		29d, DATI	SIGNED (Ma	nth, Day, Year)
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WE HARE DEGRAY, MD, 2107



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more than the control of the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	R. American in the been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	in commence to the act and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
R ATTENDIA	HECTOR: AM	ours after de-	nm 28 is n
SPITAL OF	VERAL DIE	hin 72 huu	NT: H III
TO THE HO	TO THE FUI	be filed wit	IMPORTAL

	1 - FOR STATE OF MARYLAND	/ DEPARTM CERTIFICA			REG. NO.	E	
	1. DECEMENT'S NAME (First, Middle, Last) CROUSE	Arlie	Lee (Crouse	2. DATE OF OEATH	2 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. S.EX 1 M 2 F 8. AGE (II) JE 8	YRS. MON	UNDER 1 YEAR ITHE DAYS	HOURS MIN.	7, DATE OF BIRTH (Month Day, Year)		BIRTHPLACE (State or Foreign Country)
TOR	ST. JOSEPH HOSPIT	ALTOW		R LOCATION OF DEA			timore
DIRECTOR	10e. STATE 10b. COUNTY		WN OR LOCAT	ION	· · · · · · · · · · · · · · · · · · ·		10d. INSIDE CITY LIMITS?
	Maryland Harford 100. STREET AND NUMBER	Fores	t Hill	ZIP CODE		10g. CITIZEI	1 YES 2 NO
FUNERAL	2614 Johnson Mill Road			21050		USA	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ABMED ANO	If yes, spe	ENDENT OF HISPANIC belry Cuben, Mexican, 24 NO Specify:	C ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 14	. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	(Specify only highest grade completed)	Give kind of work life. Do NOT use ret	done during mos	N st of working	166. KIND OF BUS		ТЯУ
BE COM	17. FATHER'S NAME (First, Middle, Last) Lonnie — Crouse			18. MOTHER'S NAM Minnie	E (First, Middle, Maiden S	Sumame) Liver	
TO B	190. INFORMANT'S NAME (Type/Print) Charles L. Crouse				ute Number, City or Town		Md. 21050
	1 5 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Bel	CEAND DATE OF DI crematory or other p	Macal	Gardens g	DATE 20c. LOC		or Yown, State Sel Air, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ACUAL K MACOMOS	TII	Howard		mas III F		Home, P.A.
	23. PART I. Enter the diseases, or complications that caused the shock, or heart feliure. List only one cause on each if IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE	ine.			ss cardlec or respir	ratory srreat	Approximate interval Between Onset and Death
NOI	Sequentially list conditions, b. STROKE DUE TO (OR AS A CON-	SEQUENCE OF:					
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	AMENG SEQUENCE OF):	1 1341	ops on	AFTING.		
	d						
MEDICAL	PART II. Other significent conditions contributing to death but no	t resulting in th	e underlylng	csuse givan in P	24e. WAS AN A PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 700
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (Chec	k only one)		
YSIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Impatient 2 ER/Outpatient		HER:	5 Residence 8			12/1
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF INJURY	M 1 Y	ES 2 NO	28d. DESCRIBE HOW IN	JURY OCCUR	RED
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At building, etc. (Specify)	home, term, street	, fectory, office		28f, LOCATION (Street er City or Yown, Stete)	Number or	Rural Route Number,
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, one) 2 MEDICAL EXAMINER: On the beet of examination end/						euse(e) end menner ee stated,
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER M.D.			P 2 Y 0	DER 25	29d. DATE S	IGNED (Morith, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I EDUALDO P. LAYUL, M.D.; 70	TEM 27) (Type Print	ul RI	D. ; 13A	LT.MD.	2/2	04
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE						

(F) II AX XIII

BE COMPLETED BY FUNERAL DIRECTOR

be notified at once.

must

medical examiner

the

injury, or other traumatic event,

CERTIFICATION

PHYSICIAN:

ВУ

COMPLETED

BE

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

inflanding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should fill hygiene prior to burial, cremation, or removal. death certificate be executed within TO THE HOSPITAL OR ATTENDING PHYSICIAN. THE LINE IN TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Deep of IMPORTANT: If Hem 28 is marked, or item 23 states.

											0	32	22595
1 - FOR STATE REGISTRAR		STATE OF I	MARYL	AND / CE	DEPAR RTIF	TMEN	T OF H	DEAT	AND ME	REG. N			
1. DECEDENT'S NAME (First,	Middle, Last)								2	DATE OF OEATH	DAY	YEAR	3. TIME OF DEATH
Betty	Jar	ne D:	rap	er						August		992	
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE	(In yrs. less	t birthday)	IF UND	ER 1 YEAR	IF UNDER 2		. DATE OF BIRTH (Month, Day, Year)		B. BIRTI	HPLACE (State or Foreign
219-20-45		1 D M 2 X F		65	YRS.	WORTHS	DAYS	HOURS	MIN.	Jan. 9,			Maryland
9a. FACILITY NAME (If not ine	atitution, give s	treet and number)		L - 7				OR LOCATION	N OF DEAT		9c, COI	JNTY OF E	DEATH
Washingto		лту но	spi	cal		Н	agei	stow	n		Wa	shir	ngton
RESIDENCE OF DEC													
10a. STATE	10b. COUNTY					,	OR LOCA						10d. INSIDE CITY
Maryland	Was	hingto	1		Н	age	rsto	nwo					1 YES 2 NO
10e. STREET AND NUMBER							101	. ZIP CODE			10g. Cl	TIZEN OF	WHAT COUNTRY?
55 East	Wash	nington	St	reet				2174	0		U	.S./	Α.
11. MARITAL STATUS 1 Never Merried 2 I S 3 Widowed 4 X Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 V N	MED IO	13	If yes, sp	ENDENT OF ecity Cuben, 2 XNO	HISPANIC Mexican, F Specify:	ORIGIN? (Specify Puerto Rican, atc.)	Yes or No-	14. RAC Blac Spec	E — American Indian, k, White, etc.
	DENT'S EOU			16a. OE0	CEDENT'S	USUAL	USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY work done during most of working						
Elementary/Secondary (0-	12)	College (1-4 or 6	-)	ille.	Do NOT us	se retired.)	at or working					
10				Н	ome	mak	er			l Ow	n Ho	me	
17. FATHER'S NAME (First, Mic	ddle, Lest)							18. MOTHE	R'S NAME	(First, Middle, Meid			
Russel		Coss	Ζe	eigl	er			Fr	ance	es Eli	zabe	th	Straley
19a. INFORMANT'S NAME (Ty)	pe/Print)			19b	MAILING	AODRES	S (Street a	nd Number or	r Rural Rout	e Number, City or T			
<u>Wanda</u> F	aye	Souders	3	9	180	Ft	. Lo	udon	Roa	d, Mer	cers	burg	, Pa.172
20a. METHOD OF DISPOSITIO 1 W Burlel 2 Cremation 4 Donation 5 Other (Specify)		20t	PLACE A	ND DATE	OF OISPO	SITION (Na	me of		OATE 20c.	LOCATION -	City or To	
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE						D ADDRESS					
· R.Z.	acl 7	Bredy	,			A	ndre	W K.	Cof	fman F	uner	al H	Home, Inc

23. PART i. Enter the diseases, or complications that ceused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. **Approximsts** interval Batween **IMMEDIATE CAUSE (Final Onset and Death** disesse or condition_ Myocardyn resulting in death) Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, issding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Mell mone **MAILABLE PRIOR TO** COMPLETION OF CAUSE OF DEATH? 1 - YES 2 (NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATN (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCUREO 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO 3 Sulcida 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29a. CERTIFIER (Check only | CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 ____ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER D 2145 29d. DATE SIGNED, (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) TROUL 1610-04KHI(AVE. HAGERSTONN-AUG 0 5 1992 22. REGISTRAR'S SIGNATURE

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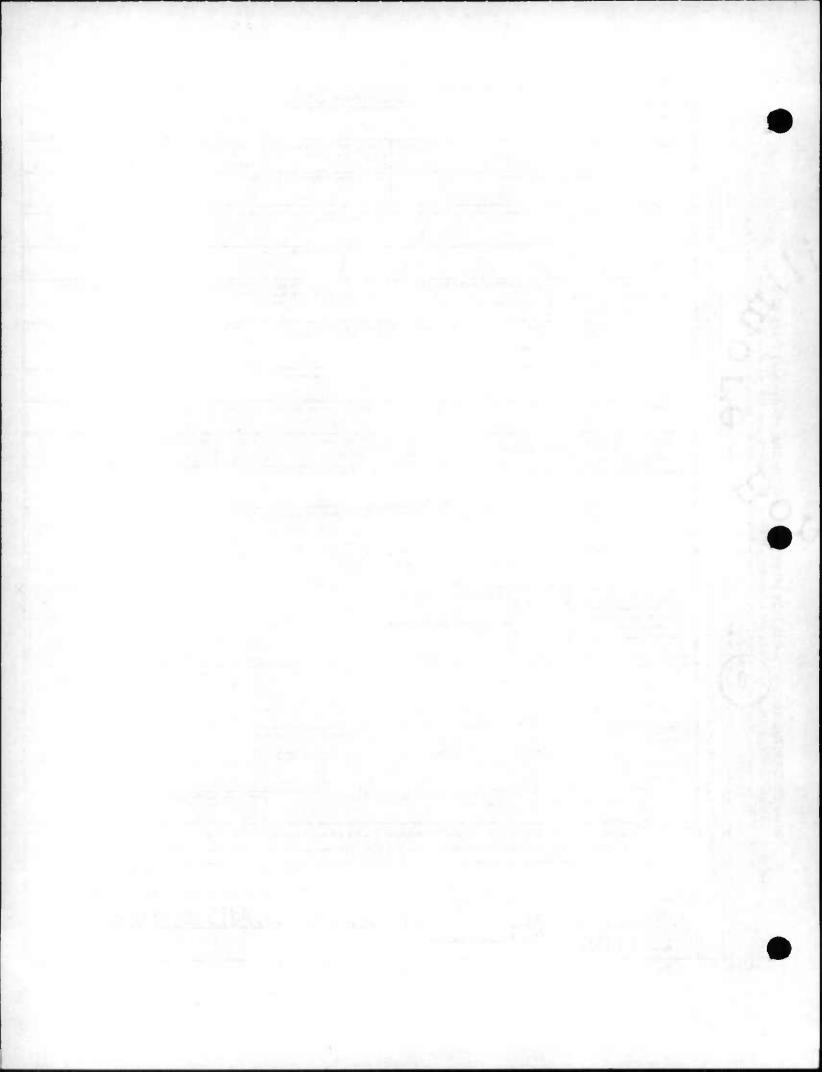
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DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The time recent man the certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this care come against the mention physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the Sate Day of the page 1, 2, 3 should be filled within 72 hours after death with the sate Day of the traumatic event, the medical examiner must be notified at once.

TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
ISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					ITAL HYGIEN		2 22	596
	1. DECEDENT'S NAME (FISI, MIDDIE, LESI)	n M. De	cker				2. (DATE OF DEATH	W 08 2	3. TIME OF 9:00	
	4. SOCIAL SECURITY NUMBER		in yrs. lest birthday)	IF UNDER		UNDER 24 H		ATE OF BIRTH Month, Day, Year)		BIRTHPLACE (State Country)	
	220-09-2360	1 🔀 M 2 🗆 F 80	YRS.	MONTHS	DAYS H	DURS M	1.	-9-1912	I	Pennsylva	nia
~	9a. FACILITY NAME (If not institution, give str				Db. CITY, TOWN OR LOCATION OF DEATH				Sc. COUNT	Y OF DEATH	
5		Washington County Hospital			agers	cown			WashingTori		
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY				CITY, TOWN OR LOCATION				10d. INSIDE CITY		
DIRECTOR	Maryland Wash	nington	н	acore	erstown				LIMITS?		
	10e. STREET AND NUMBER			agera		P CODE			10g. CITIZE	N OF WHAT COUNTY	
FUNERAL	100 South Mont V	/alla Avenue				21740			100	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		WAS DECEN	DENT OF N		RIGIN? (Specify Yes		I. RACE — American Black, White, atc.	Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES		If yes, specifi 1 YES 2			arto Rican, etc.)		Specific	
		World War II								White	5
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S (Give kind of Ille. Do NOT u	Work done	CCUPATION during most of	f working		16b. KIND OF BU	SINESS/INDUS	TRY	-11
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Bus Dr					Onumber	0		
ME	12 yrs. 17. FATHER'S NAME (First, Middle, Last)		Dus DI	TVET				County		ent	
ŏ	William		Decke:	200				irst, Middle, Maiden	Sumame)	-22	
BE	19a. INFORMANT'S NAME (Type/Print)					Lelia	-	Number, City or Tow	un Panto Vin Co	Oller	
2	Charlotte Irvine	Decker								2174 Marylan	2
	20a. METHOD OF DISPOSITION	20h	PLACE AND DATE							y or Town, State	a
	1 Donation 5 Other (Specify)	vel from State	il this bur	other place	emato	rv8-1	0-19	00			
	21. SIGNATURE OF FUNERAL SERVICE LICE			22.1	NAME AND	ADDRESS O	F FACILITY	Y		, Maryla	
	Douglas A. Fi	ery // /	NM.	. D	ougla	s A.	Fier	ry 1331	Easte	rn Blvd.	N.
	23. PART I. Enter the diseases, or co	- COLLAR STAR	Whe death, Do	not enter	the mode	1 Hor	ne	Hage:	rstown	Maryla	nd «imate
	shock, or haert failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	iat only one cause on ea	luhan		den				,	Interv	and Death
	DUE TO (OR AS A CONSEQUENCE OF):								1		
Z	Sequentially list conditions,	Conque	44 pt	ant	the	fra				20	lagon
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO TOH AS A	CONSEQUENCE O	1	No.	TS. Mond				ndy	
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	COMBEQUENCE O	e- 1	reas	un	AZR			14	wir-
CERTIFICATION	resulting in death) LAST			8						1	
8											
8	PART II. Other algnificant conditions	contributing to death be	at not resulting	in the un	derlying c	use give	n in Part	i. 24s. WAS AN PERFOR		24b. WERE AUTOP	
	Treigher My	earth dif	arglian	-	-			1 TYES 2	22-40	COMPLETION OF DEATH?	
MEDI	Chronic Of	epurtide Pres	husey	Des	arel.					T TYES 2	□ NO
PHYSICIAN:	Parkeneni	Direco-									
2		HOSPITAL:	100-200-2	OTHER		OF DEATH	(Check or	ly one;			
IYS	1 YES 2 NO	1 Propertient 3 - EPUOutpo	-					Other (Specify)			
	1 - Halural 5 Pending	(Month, Day, Year)	26b. TIM	IE OF	MOUNT MOUNT	Parameter.		DESCRIBE HOW I	NJURY OCCU	MED	
BÁ	2 Accident Investigation 3 Suicide # Could not be	28s. PLACE OF INJURY	- At home, ferm.	street facts		2 🗀 NO	-	LOCATION COMM	and Minetine as	Donal Basin March	
	4 Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicid	building, etc. (Speci	No.		or ye delines		1	City or Tiwn, State)	ind Number of	Purel Route Number	
COMPLETED	29a. CERTIFIER		No. 15-5015						_	_	_
MP		IAN: To the best of my knowled: On the basis of examination									
			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	an, an may of	_			date and place, an	d due to the c	ause(a) and manner	se stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Buch	18	5	21	c. LICENSE	NUMBER		29d. DATE S	IGNED (Month, Day, 1	feer)
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEL	TH (ITEM 27) /S	Princt		110	185	1	8/	10/4	
	1190 M+ Do	Ina O.	1 11	10 00	1	P11 0 3	0	UD	7101	10	
	31. DATE FILED (Month, Day, Year)	12. REGISTRAR'S SIGNA	TURE	190	121	au	r 1,/	41) -	4/1	10	
- 1	AUG 11 1992	The Denden Ka	while	1							



BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

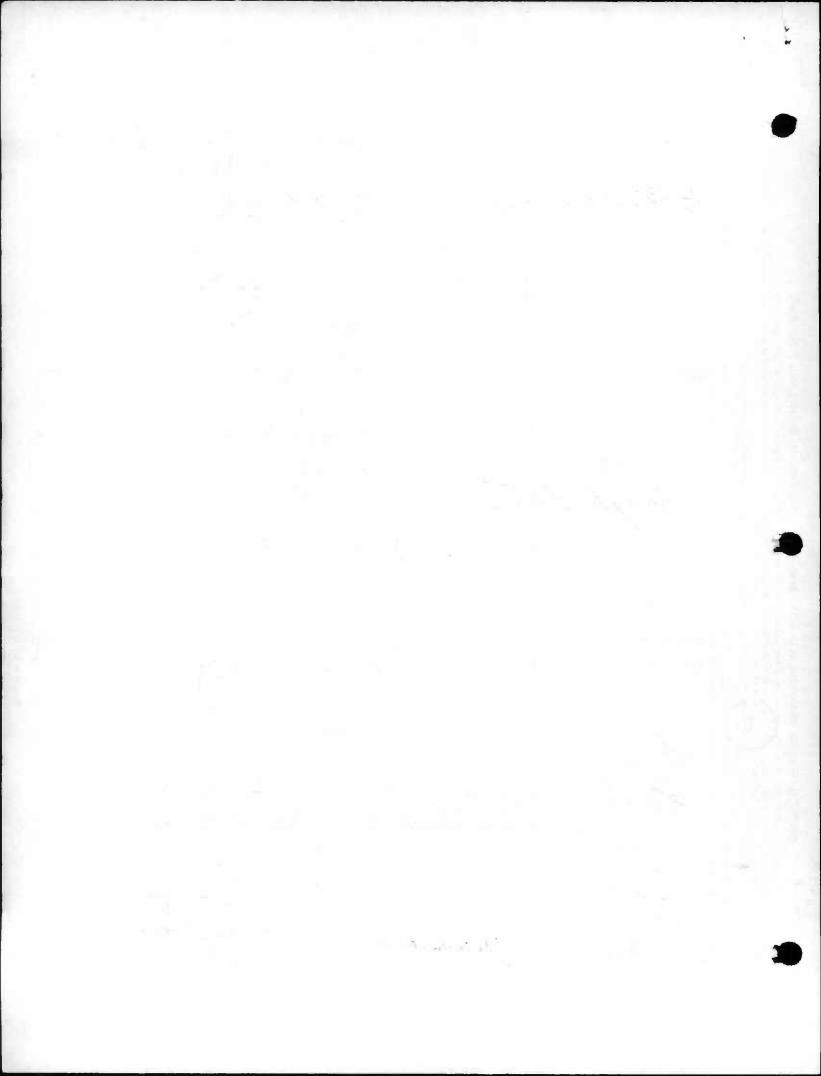
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. STATE REGISTRAR		CERTIFIC	CATE C	F DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DI	EATH DAY	YEAR	3. TIME OF DEATH
Charles Raymond	l Davis					t 3, 19	92	10:11 a. •
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		IF UNDER 1 YE		7. DATE OF BI	RTH		HPLACE (State or Foreign
577-30-0930	1X M 2 □ F 65	YRS.	MONTHS DAY	HOURS MIN.	Dec.	10, 192	6 Wa	sh.,D.C.
e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOV	WN OR LOCATION OF DE			OUNTY OF D	DEATH
5 Hickory Way,	Ocean Pines		Berlin	1		Wo	rcest	ter
IOa. STATE 10b. COUNT		10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
Md Wor	cester	Be	rlin					1 YES 2 NO
5 Hickory Way	Ocean Pines			101. ZIP CODE 21811		10g. C		WHAT COUNTRY?
1. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS	DECENDENT OF HISPAI	VIC ORIGIN? (Sp.		-	E - American Indian,
Never Married 2 Married Wildowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES WW	NO	If yes	s, specify Cuban, Maxica YES 2 NO Specif	in, Puerto Rican,	etc.)	Blac	ck, white, etc.
15. DECEDENT'S EDI	UCATION 18a.	. DECEDENT'S U	SUAL OCCU	PATION	16b. KIND	OF BUSINESS/	INDUSTRY	
(Specify only highest gradi Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of wo	ork done during retired.)	g most of working				
12	College (14 or 5+)	Man	ager		Gro	cery		
7. FATHER'S NAME (First, Middle, Last)		Han	uger	18. MOTHER'S NA			o)	
Roland Da	avis			Irene	Davis			
9e. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Str	eet end Number or Rural	Floute Number, Cl	ty or Town, State,	Zip Code)	
Virginia Louise [)avis	5 Hick	cory V	Way, Ocea	n Pines	, Berl	in, M	d. 21811
0e. METHOD OF DISPOSITION Marial 2 Cremation 3 Ref Donation 5 Other (Specify)	noval from State 20b. PLA	er place)		of cemetery, crematory or		20c. LOCATION		
		dar H		emetery		Suitl		
1. SIGNATURE OF FLINERAL SERVICE L	2 £ G.F		003	B3 Old Al anton,Md.	exand	e Fune er Fer	ral ry F	Home, Inc.
23. PART . Enter the diseases, or	compilcations that caused the	death. Do no				or respiratory	arrest	Approximate
shock, or heart failure.	. List only one cause on each	ilne.		, , , , ,				Interval Betwee
IMMEDIATE CAUSE (Final disease or condition								Onset and Dear
resulting in death)	Pancreat Due to (or As A cor							-
	54E 10 (011 NO X 001	TOLOGENOL OF	'					
Sequentially list conditions,	DUE TO (OR AS A COM	SEQUENCE OF):					
If any, leading to immediate couse. Enter UNDERLYING								
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A COM	NSEQUENCE OF):					
resulting in death) LAST	a.							
	4				-			
PART II. Other aignificant condition	na contributing to death but n	ot resulting in	n the under	tying ceuse given in	Part i. 24s.	PERFORMED?	SY 24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
					1 [YES 2 NO	. }	COMPLETION DF CAUSE OF DEATH?
								1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	110001711			8. PLACE OF DEATH (C	heck only one)			
1 YES 2 NO	HOSPITAL: 1 Inpettant 2 ER/Outpatter		OTHER: 4 Nursing	Home 5 - Reeldence	6 Other (Spe	icify)		
7. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 280	:. INJURY AT WORK?	28d. DESCRIB	E HOW INJURY	OCCURED	
Natural 5 Pending		11100		YE\$ 2 NO				
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY - A	At home, farm, st	lreet, factory,	office		N (Street and Nun	nber or Rural	Route Number,
4 Homicide determined	building, etc. (Specify)				City or Tox	vn, State)		
conductivity	SICIAN: To the best of my knowledge							
2 MEDICAL EXAMIN	NER: On the basis of axamination and	wor investigation	ı, ın my opini			piece, and due t	o the cause	(a) and manner ea stated.
D. SIGNATURE AND TITLE OF CERTIFI	ER			De. LICENSE NU	MBER	29d.	DATE SIGNE	D (Month, Day, Year)
measurofi	mil			11/19	8dd	1	814,	192
John O. Meadows			•	2 Salichum	v Mn	21801	0	
JOHN U. Meadows	32 MEDISTRAR'S SIGNATUR		. BZU	z sarrsbur	у, ги	21001		
31. DATE FILED (Prontil Day Year) 992	Julia Savidson	Bands on						

DHMH-18 Rev 1/89

BOX 13146, BALTIMORE, MARYLAND	tificate be executed within . Juurs after death. Page 6 may be retained by the hos	g physician and completely filled in by the funeral director, page 5 should be detache ene prior in burlat, cremation, or removal.	ther traumatic event, the medical examiner must be notified at once.
DIVISION OF WITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The properties the death certificate be executed within 1.5 your after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certification has been upped by the armeding physician and completely filled in by the funeral director, page 5 should be detached has been death with the Set bear and the second of the principle of removal.	IMPORTANT: If Item 28 is marked, or Item 25 move my Inlury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIFI	TMENT OF H		NTAL HYGIEN REG. NO.	E	6.603
	1. DECEDENT'S NAME (First, Middle, Last)	TERMY DA	NNK	ER	DATE OF DEATH DA	- 19	3. TIME OF DEATH
	212-50-1107	SEX 6. AGE (In yrs. lest birthday) M 2 F YRS.	MONTHS DAYS	HOURE MIN.	(Nonth, Day, Year)	47 N	BIRTHPLACE (State or Foreign Country) laryland
TOR	9a. FACILITY NAME (If not institution, give street 1937 EEN RESIDENCE OF DECEDENT	PACK RD.	96. CITY, TOWN	OR LOCATION OF DEAT	TEN	9c. COUNTY	MKOLL
DIRECTOR	10a. STATE 10b. COUNTY Maryland Carro		sburg	Non 3 120	140		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 1833 Deer Park	Rd.	10	21048		U.S.	OF WHAT COUNTRY?
BY	11. MARITAL STATUS	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES	If yes, sp	ENDENT OF HISPANIC ecify Cuben, Mexican, I i 2 NO Specify:		or No 14.	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12)	(Give kind of wife. Do NOT us	rork done during mo e retired.)	nat of working	18b. KIND OF BUS		
OMPL	17. FATHER'S NAME (First, Middle, Lest)	Assista	itor	18. MOTHER'S NAME	(First, Middle, Malden	Sumame)	lustries, Inc.
BE	James A. Danne:		ADDRESS (Street	Mary Ma	rgaret		
DT	Peggy Anna Wats	on 1833 20b. PLACE OF DISPOS			_		Md. 21048
	1 Buriel 2 Cremation 3 Removal 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	Pipe Cree	ek Ceme	tery	New	Wind	lsor, Md.
	Narry K. 7	letter)	254	E. Main	St. Wes	CHILDS	
	23. PART I. Enter the diseases, or com shock, or heart fellure. List iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	CUNS DOT	NOVE	ode of dying, auch a		ratory arreat	Approximate Interval Between Onset and Death
DUE TO (OR AS A CONSEQUENCE OF)."							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in daath) LAST d	OUE TO (OR AS A CONSEQUENCE OF	י):				
AL	PART II. Other significent conditions of	ontributing to death but not resulting i	n tha undariyin	g cause given in Pa	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
MEDIC					1 YES 2	∐ NO	OF DEATH? 1 YES 2 NO
PHYSICIAM		OSPITAL: Inpetient 2 ER/Outpetient 3 DOA	OTHER:	LACE OF OEATH (Check			
Y PHY	27. MANNER OF OEATH 1 Netural 5 Pending Investigation	28a. OATE OF INJURY (Month, Oay, Year) INJ	E OF 28c. IN	JURY AT 2	CALACA	AOT -	HEND
TED BY	2 Accident investigation 3 Suicide 8 Could not be datermined	26s. PLACE OF INJURY — At home, farm, a building, etc. (Specify)	street, factory, office	NK RA	61. LOCATION (Street City on Town, State)	and Number or	Rural Route Number,
COMPLETED	enel .	N: To the best of my knowledge, death occurred the best of axemination and/or investigation					ause(a) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CONTIFIER	9110 Dres	MIS	256. LICENSE NUMBE	19/	20d. DATE S	CANED (MOHO), Day, Shar)
5	30. NAME AND ADDRESS OF PERSON WHO CO	WISHIVE	Print) 9	2 WA	Wines	TON	B 02/15/
	31. DATE FILED (Month, Day, Year) AUG 0 5 '92	32. REGISTRAD'S SIGNATURE	ndell	2 17	27		



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

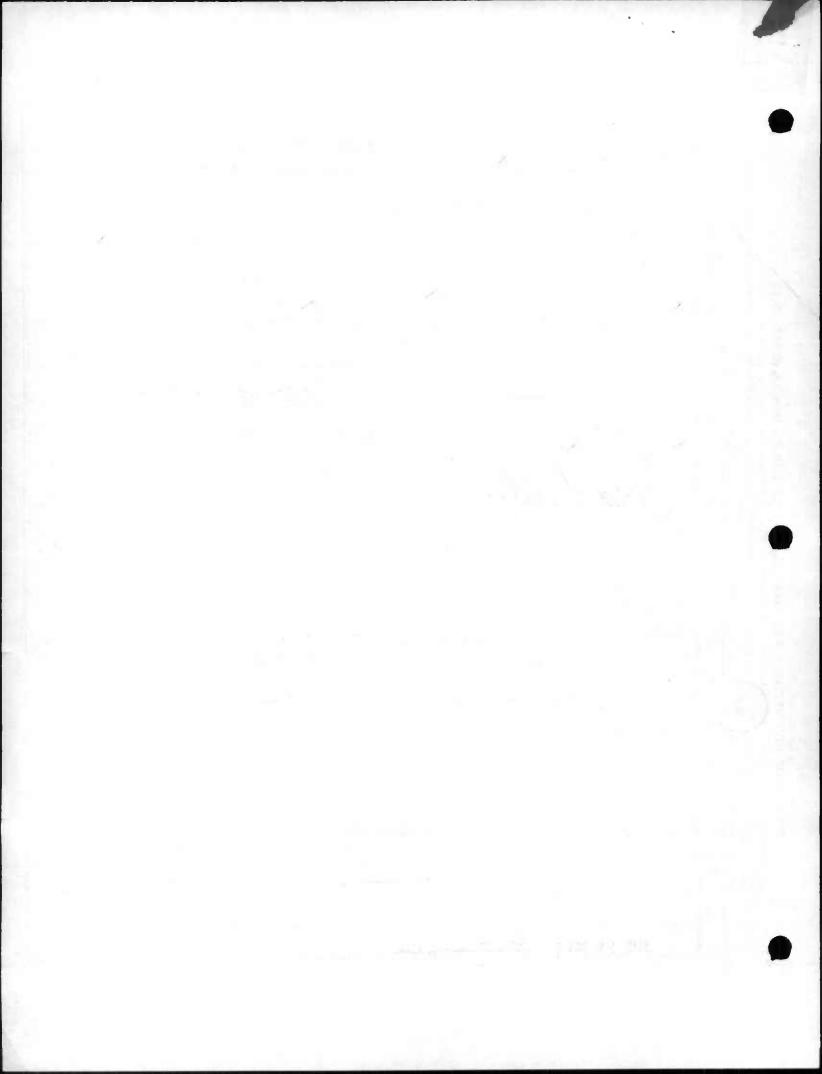
TO THE HOSPITAL OR ATTENDING PHYSCHAN. The profit has the death centreme be encomed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this central state of the attention process and process and the complete prior to burial, to the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the p

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

							DEATH		REG. NO.				
1. DECEDENT'S NAME (Fin									2. DATE OF DEATH	Y	YEAR	3. TIME OF DEATH	
	Nan	- /		Dalon	e				07 27 9			10:38 A M	
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER	T YEAR	IF UNDER 24	HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	IPLACE (State or Foreign	
043-09-		1 🗆 M 2 💢 F	90 YRS.					6 12 00			**		
Se. FACILITY NAME (if not institution, give street and number)							OR LOCATION	OF DEA	АТН	ec. COU	8c. COUNTY OF DEATN		
Berlin	Nursi	ng Home			В	Ber1	lin			Worcester			
10e. STATE	10b. COUNTY	,		10c, CIT	Y. TOWN O	R LOCAT	ION					10d, INSIDE CITY	
Md. Worcester					ocean City				1 YES 2 NO				
10e, STREET AND NUMBER						101	. ZIP CODE			10g. CITIZEN DF WHAT COUNTRY?			
	hifti	ng Sands			218	42		USA					
11. MARITAL STATUS 1 Never Married 2	7	12. WAS DECEDENT FDRCES? 1	EVER IN U.S	S. ARMED					C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No	14. RACE	— American Indian, t, White, etc.	
3 Widowed 4 Dh		IF YES, GIVE W					2 DOND				Specify:		
, ,												White	
(Specify or	CEDENT'S EDU- nly highest grade	completed)	164	(Give kind of	work done d	CUPATIO furing mo	ON ast of working		16b. KIND OF BUS	INESS/INC	USTRY		
Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)													
12				A	t Ho	me							
17. FATHER'S NAME (First,							16. MOTNEI	R'S NAM	IE (First, Middle, Maiden				
Ferdina		ona					cogi,	HV.		DEL			
19a. INFORMANT'S NAME	(Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number or	Rural Ro	oute Number, City or Town	, Stata, Zip	Code)		
Arthur A		one		1062	6 Sh	nift	cing	San	ds Ocea	n C	ity,	Md., 218	
20a. METHOD OF DISPOSI	TION Ion 3 Rem	oval from State		CE AND DATE		TION (Na	me of		OATE 20c. LO	CATION -	City or To	wn, State	
4 Donation 6 Othe	r (Specify)		81		ncis	. Me	27.7		Tor	rin	ator	Conn	
21. SIGNATURE OF FUNER	AL SERVICE CO	ENSEE AND.			22. N	NAME AN	D ADDRESS	OF FACI	ILITY		9		
· John	U.S.	lllen	1						eral Hom			lin, Md.	
23. PART I. Enter the	diseases, or o	complications that	caused the	death. Do r	not enter t	the mo	de of dylng	, such	aa cardiec or respi	ratory arr	eat,	Approximata	
IMMEDIATE CAUSE (F		-										Onset and Death	
disease or condition resulting in death)	disease or condition												
DUE TO (OR AS A CONSEDUENCE OF): No service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the													
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CAUSE (Disease or Inj	/ING	-	DA	NSEDUENCE DI							-		
that initiated eventa		DUE TO	OR AS A CO	NSEDUENCE DI									
resulting in deeth) LAS	ST	· PA	MCL	1115	7	-/	b	~					
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	ent condition	a contributing to	deeth but n	ot reauiting i	in the und	derlying	g cause giv	en in P	PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
01			deeth but n	1	II Go	derlying	cause giv	en in P	Part i. 24a. WAS AN . PERFORI	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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1 - STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND OF DEATH	MENTAL HYGIEI		4 4400		
1. DECEDENT'S HAME (First, Middle, Last)	2 /	J.		2. DATE OF DEATH	DAY YE	3, TIME OF DEATH		
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. less	-	YEAR IF UNDER 24 HRS.		10 7	2 6:10 A-BIRTHPLACE (State or Foreign		
214-10-4778	15€ M 2 □ F 83	YRS. MONTHS	DAYS HOURS MIN.	Feb. 10,	1909	Maryland		
	not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Frederick Frederic Frederic							
Maryland 106 coun		Fred	erick			10d. IHSIDE CITY LIMITS? 1 X YES 2 NO		
217 East Four	th Street		101. ZIP COOE 217	01	10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AS FORCES? 1 YES 2 AN IF YES, GIVE WAR OR DATES	0 11	AS DECEMBENT OF HISPA yes, specify Cuben, Mexic YES 2 1 HO Speci	an, Puerto Rican, etc.)	es or No- 14.	RACE — American Indian, Black, White, etc. Specify: White		
15. OECEDEHT'S EO (Specify only highest grad Elementary/Secondary (0-12) 7 years		Calva Method	ary Un list C					
17. FATHER'S HAME (First, Middle, Last) Albert J. D	ren			anche Pap				
19a. INFORMANTS HAME (Type/Print) Mrs. Patsy J.	191	MAILING ADDRESS	(Street and Number or Rural	Bouts Mumber Chr or To	un State 7/a Car	ie. Md.		
23. PART I. Enter the discess, or shock, or heart fellure IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	complications that caused the dec. List only one cause on each line. S. Cardwing. DUE TO (OR AS A CONSECUTION)	ath. Do not enter t	Keeney & 1 106 E. Chr he mode of dying, sur	urch St.,	Fred.	Md. 21701		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse Dr Injury that initiated events resulting in death) LAST b.								
Seatiles	me contributing to deeth but not re		leriying cause given ir	Part I. 24s. WAS AI PERFO	PRMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C.	heck only one)				
EXAMIHER?	HOSPITAL: 1 inpetient 2 ER/Outpetient 3	DOA 4 Nursi						
27. MAHHER OF OEATH 1 Netural 5 Pending	25s. DATE OF IHJURY (Month, Day, Year)		28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED		
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	ne, ferm, street, fecto		281. LOCATIOH (Street City or Town, State	and Number or F	tural Route Number,		
	SICIAN: To the best of my knowledge, des					use(s) and manner as stated		
296. SIGNATURE AND TITLE OF CERTIFIE	ER Daylon.		29c. LICENSE NU D - 18	MBER	29d. DATE SI	GNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (ITEM	127) (Type, Print)	tomas John	S E				
31. DATE FILED (Month, Day, Year)	1-ANDER - A B. 32 REGISTRAR'S SIGNATURE Puhia Davidson-Rom		Trans John	mr B. Fr	ellal 1	20016		

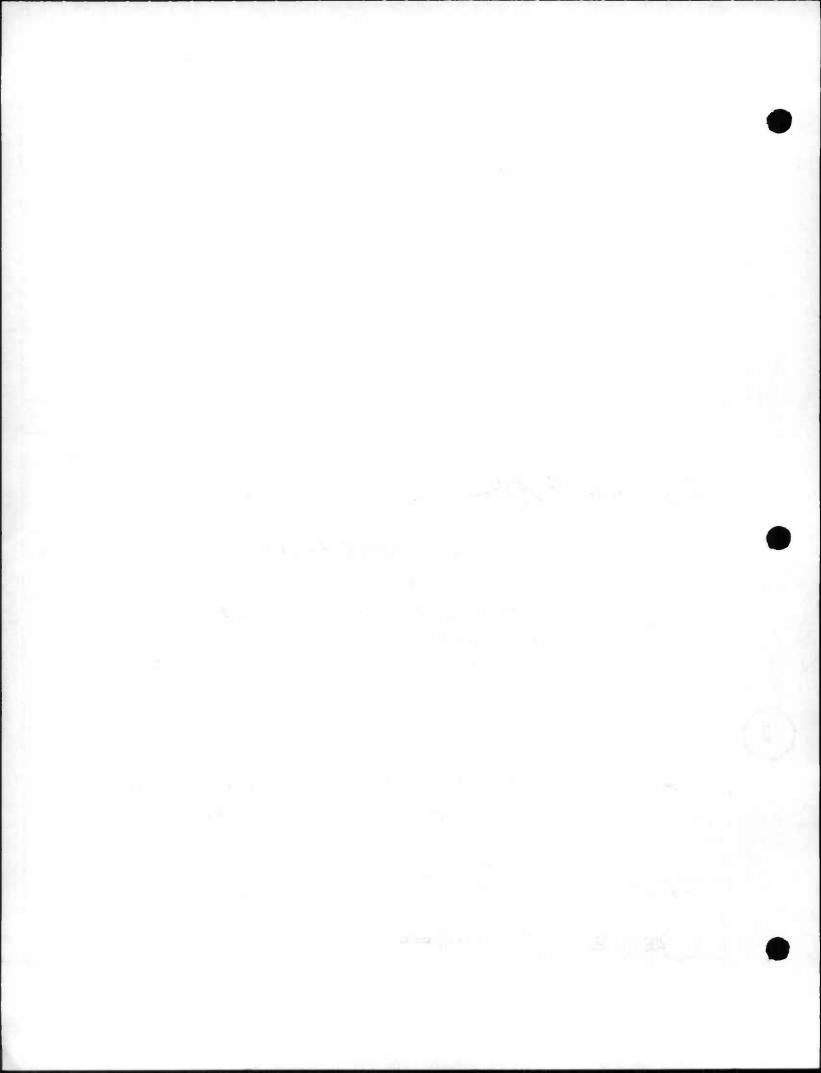
Acetagous C. 1, 25, 46% March 1911 March 1919 Diamona core . T. to emilian . . o'A toour most ditt. Mr. Charles Constant 7/23/92 and will all Towner brotsell A veneral Scions as a second TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician,	centrates as signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the Summer, or temoral.	cal examiner must be notified at once.	
DIVISION OF WITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYS WAIT TO THE HOSPITAL OF A TENDING PHYS WAIT TO THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPIT	TO THE FUNERAL DIRECTOR: After this can make a signed by the attending physician and completely filled in by the be filed within 72 hours after death with the Samentan or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

OR TATE EGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF CERTIFICATE OF		MENTAL HYGIENE REG. NO.	92	2260	-
EDENT'S NAME (First, Middle	ie, Last)			2. DATE OF DEATH		3. TIME OF DEATH	,
MUEL	DAITCH			AUGUST 1,	1992 YEAR	3:00 A.	
IAL SECURITY NUMBER	5. SEX	8. AGE (In vrs. last birthday) IF UNDER 1 YEA	I IF UNIDER 24 MRS	7 DATE OF BIRTH	a pipti	ADI ACE /State or Family	

1 - FOR STATE REGISTRAR	TATE OF MARYLA	AND / DEPARTM CERTIFICA			MENTAL HYGIEN	E 9	2 22601
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
SAMUEL DAITO	CH				AUGUST 1.		3:00 A. M
4. SOCIAL SECURITY NUMBER 5. S	EX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
106-18-4540 1 9a. FACILITY NAME (If not institution, give street as	M 2 F 9!	YRS.		HOURS MIN.	NOV. 8, 18	96, COUNTY	POLAND
HEBREW HOME OF GREATERSIDENCE OF DECEDENT			ROCKVI				TGOMERY
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATI	ON			10d. INSIDE CITY
MARYLAND MONTGOME	ERY	ROC	KVILLE				1 X YES 2 NO
10e. STREET AND NUMBER		-	10f.	ZIP CODE		10g. CITIZE	N DF WHAT COUNTRY?
6105 MONTROSE ROAD 20852							ED STATES
11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED 13. WAS OECEDENT OF IT Description of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part				city Cuban, Maxica	n, Puerto Ricen, stc.)	or No — 14	I. RACE — American Indian, Black, White, atc.
3 X Widowed 4 Divorced	F YES, GIVE WAR OR DA WW I		1 🗆 YES	2 NO Specify	<i>:</i>		Specify: WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade complete)	N letect)	16a. DECEDENT'S USU (Give kind of work	JAL OCCUPATION	N t of working	16b. KIND OF BU	SINESS/INOUS	
Elementary/Secondary (0-12) Col	llege (1-4 or 5+)	life. Do NOT use ret	tired.)	to working			
1.2 17. FATHER'S NAME (First, Middle, Last)		OWNER/DR	RIVER		TAXI CA		PANY
LOUIS DAITCH					ME (First, Middle, Meiden		
19a. INFORMANT'S NAME (Type/Print)		19h MARING ADD	DESS (Street or	CHIVA	CAITL] Poute Number, City or Tow		
	SON)				VER SPRING		20904
20s. METHOD OF DISPOSITION		PLACE ANO OATE OF DI	ISPOSITION (Nan	ne of			y or Town, State
1 M Buriel 2 Cremetion 3 Removal fi 4 Donation 5 Other (Specify)	MC	NTEFIORE	CEMETER	Y	8/4 SPR	INGFIE	LD, NEW YORK
21. SIGNATURE OF FUNERAL SERVICE LICENSE				ADORESS OF FAC		TAT CI	TADELC INC
Tranh Us	Hone				PIKE, ROC		HAPELS, INC. E. MD 20852
23. PART I. Enter the diseases, or comp	ilcetions that ceused	the deeth. Do not e					
ahock, or heart failure. List of iMMEDIATE CAUSE (Finel	only one cause on ea	ich line.					Interval Batween Onset and Dasth
disesse or condition resulting in death)	-CNEESTI	UE HE	ART 1	LAILUR AT	-		2 mo
	DUE TO (OR AS A	CONSEQUENCE DF):					
Sequentially list conditions, b.	HORTIC -	CONSEQUENCE OF):	5				yrs
If any, leading to immediate cause. Enter UNDERLYING	LOTEPIOSS.		0001	Rober			VVC
CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	JEN C	3 444	LG		1/2
resulting in death) LAST	-15 LEF	T HIP					2 MO
PART II Other significant conditions con							
PART II. Other significent conditions cor	tributing to death bi	it not reaulting in th	ne underlying	ceuse given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 YES 2	X NO	OF DEATH?
					_		1 TES 2 ND
25. WAS CASE REFERRED TO MEDICAL			26. PLA	ICE DF DEATH (Che	ack only one)		
	SPITAL: Inpatient 2 - ER/Outpo		HER:		6 Other (Specify)		
27. MANNER OF DEATH	26e. DATE DF INJURY (Month, Day, Year)	26b. TIME OF	28c, INJU	RY AT	28d. DESCRIBE HOW I	NJURY OCCUR	RED
1 Natural S Pending 2 Accident Investigation	530 9			S 2 ND	FELL IN	NER	SING HOME
3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE DF INJURY building, atc. (Speci	At home, term, street	t, tactory, office		261. LOCATION (Street City or Town, State)		
		#10			#10		
29a. CERTIFIER (Check only one)							
2 X MEDICAL EXAMINER: On	the beals of exemination	and/or investigation, in	my opinion, de	ath occured at the	time, data and placa, er	d due to the c	ause(a) and menner ea stated.
250. SIGNATURE AND TITLE OF CERTIFIER	1////	20		29c. LICENSE NUM	IBER		IGNED (Month, Day, Year)
20 RAME AND ADDRESS OF STREET	right	6		0070	99	AUGU	JST 2, 1992
30. NAME AND ADDRESS OF PERSON WHO COM FRANCIS C. MAYLE, N				E, BETHE	SDA, MD 2	20814	
	A. REGISERAB'S SIGNA Fuha Davidson			····			



9c. COUNTY OF DEATH

USA

MARYLAND NATIONAL PARK &

20c. LOCATION - City or Town, State

SILVER SPRING, MD

PLANNING COMMISSION

16b. KIND OF BUSINESS/INDUSTRY

24a. WAS AN AUTOPSY PERFORMED?

VES 2 | NO

DATE

MONTGOMERY

10g. CITIZEN OF WHAT COUNTRY?

3. TIME OF DEATH

Ам

8:45

8. BIFTHPLACE (State or Foreign

WASHINGTON, DC

10d, INSIDE CITY

14. RACE — American Indian, Black, White, etc.

MD 20901

MD 20901

Approximats Interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

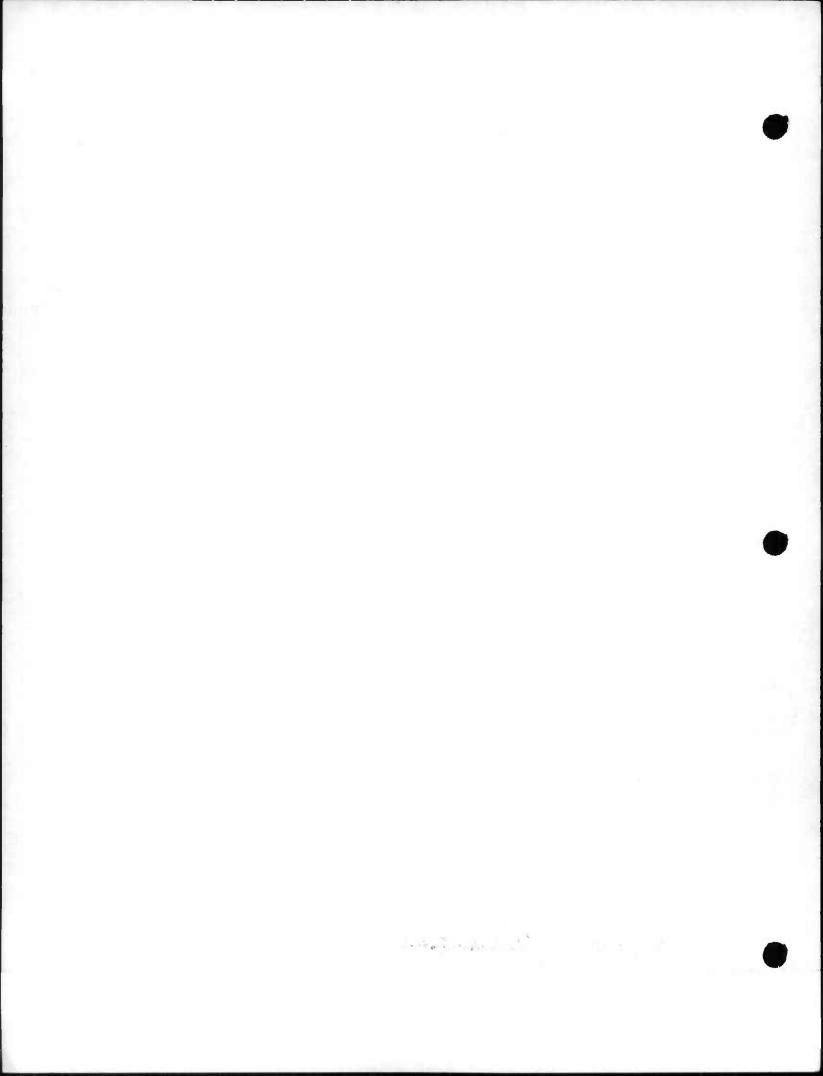
WHITE

1 YES 2 NO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AUG 03

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

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	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND /								_		
TO BE COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Let 4. SOCIAL SECURITY NUMBER 212-24-5914 9a. FACILITY NAME (If not institution, giv Carroll County (RESIDENCE OF DECEDENT 10a. STATE 10b. COUI Maryland Ca: 10a. STREET AND NUMBER 1123 Streaker 11. MARITAL STATUS 1 Never Married 2 Married 3 XIVIdowed 4 Divorced 15. DECEDENT'S E(Specify only highest pro Elementary/Secondary (0-12) 6 Years 17. FATHER'S NAME (First, Middle, Lest) HOWARD 19a. INFORMANT'S NAME (Type/Print) MISS. Mary Eyle: 20a. METHOD OF DISPOSITION 1 N Burlai 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNADURE OF FUHERAL SERVICE	S. SEX 1 M 2 F street and number) General Ho NTY Proll Road 12. WAS DECEDER FORCES? IF YES, GIVE to DUCATION Ide completed) College (1-4 or 5	6. AGE (In yrs. los 61 Ospital Ospital Ospital If EVER IN U.S. AR O YES 2 2 20 MAR OR DATES 160. 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ED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failur immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. 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TO BE COMPLETE	3 Suicide 4 Homicide 5 Could not be determined 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due to the cause and due							SIGNED (

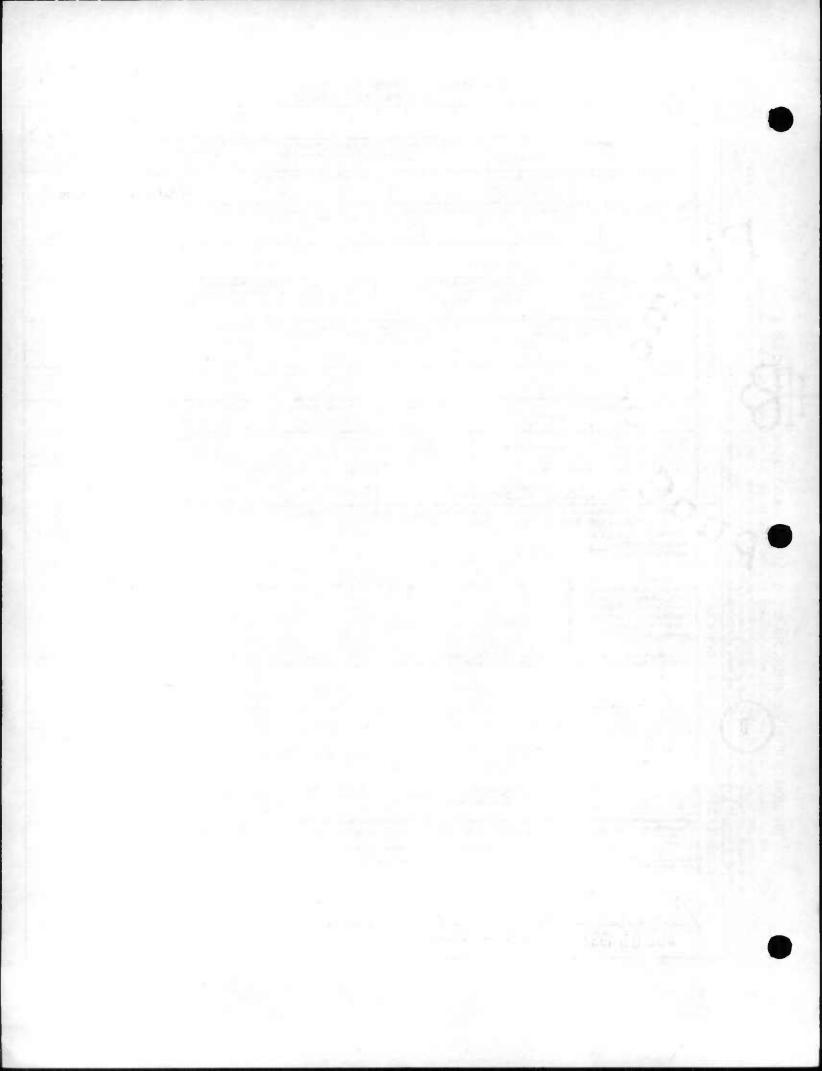
S GE CAUSE OF DEATH TITEM 27) (7/DR. PIDE)

32. REGISTRAR'S SIGNATURE TOTAL SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTIO

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFIC	ATE OF D	EATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			AITH		2. DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DAT	1/52	3. TIME OF DEATH 22/4 M		
					UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign ntry)		
	9a. FACILITY NAME (If not institution, give stree			b. CITY, TOWN OR L	OCATION OF DE	AUGUST 6	, 1931	MARYLAND		
DIRECTOR	WASHINGTON COUNTESIDENCE OF DECEDENT	ITY HOSPIT	AL	HAGERS	TOWN			INGTON Co.		
8	10a. STATE 10b. COUNTY			OWN OR LOCATION				10d. INSIDE CITY LIMITS?		
		INGTON	HAG	SERSTOW				1 YES 2 NO		
FUNERAL	16133 BROADFORD	DING ROAD			1740		109. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY FU	1 Never Married 2 X Married	12. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DATE TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL T	If yes, specif		NC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	86	CE — American Indian, lick, Whita, etc.			
	15. DECEDENT'S EDUCAT	TION	18a. DECEDENT'S US	UAL OCCUPATION		165 KIND OF BUS	INESS/INDUSTRY	WIITIL		
	(Specify only highest grade coll Elementary/Secondary (0-12)	mpleted) College (1-4 or 5 +)	(Give kind of world life. Do NOT use n	done during most of etired.)	working	los tand or bot	JINESS/INDOSTAT			
린	8		MOLDER	IN FOU	NDRY	MFG. S	ANBLAS	T EQUIPMENT		
COMPLETED	17. FATHER'S NAME (First, Middle, Last) FRED JOHN	V FAIT	ш	16		ME (First, Middle, Malden	Sumame) RENE	MURRY		
BE	19a. INFORMANT'S NAME (Type/Print)	FAIT		DDESS (Street and)				PIUNNI		
임	PHYLLIS J. FAIT	ГН				Noute Number, City or Town		21740		
	20e, METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Remove		PLACEANDDATEOF				CATION - City or			
	1 (A Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	Il from State BRU				N 8-5-92	HAGERST	OWN, WASH., MD		
	21. SIGNATURE OF FUNERAL SERVICE LICEN Repl. Hael	Bredy		ANDREW		MAN FUNER	AL HOME,	INC.		
	23. PART I. Enter the diseases, or con	nplications that caused	the daath. Do not	enter tha moda	of dying, such	ss cardiac or respi	ratDry srrest,	Approximata		
	shock, or haert failure. Lia iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	Coola	666	1/ tha	YE			Interval Between Onset and Death		
N	Sequentially list conditions,	RYDIE	CONSEQUENCE OF):	Ki Con	liou	ms cake	desc	3 E		
CATI	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSECUENCE OF):							
RTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
뜅	d									
SA	PART II. Other significent conditions	contributing to death bu	t not resulting in t	ha underlying co	luse givan in	Part I. 24a, WAS AN PERFOR		No. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
	To6-00-640					1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?		
≥	Alcolo Cha	Ce-						1 YES 2 NO		
Ž I	25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (Che	ck only one)				
PHYSICIAN: M		IOSFITAL:		THER:						
Ě	27. MANNED OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJURY	AT	28d. DESCRIBE HOW II	NJURY OCCURED			
8	1 Netural 5 Pending Investigation	(, 55), 100/			2 🗌 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specif	— At home, ferm, stre- y)	et, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number or Rura	l Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER:	N: To the best of my knowle						(e) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CENTURIES		- I THE THE		c. LICENSE NUM			D (Month Day, Year)		
2	MATTA	1)			026	806	D C	(2/5)_		
2	30 JAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Pri	m) / 0	, /		0/	111		
	31. DATE EILEO (Mogth, Days, Marie)	282/C	Dak /45/	Dis	Hag	grocu	amo	21742		
	AUG 05 1992	Les Dender Kan	tell							



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The Arrangement of the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	10	De fi	IMPORTANT: If liem 28 is marked or here 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

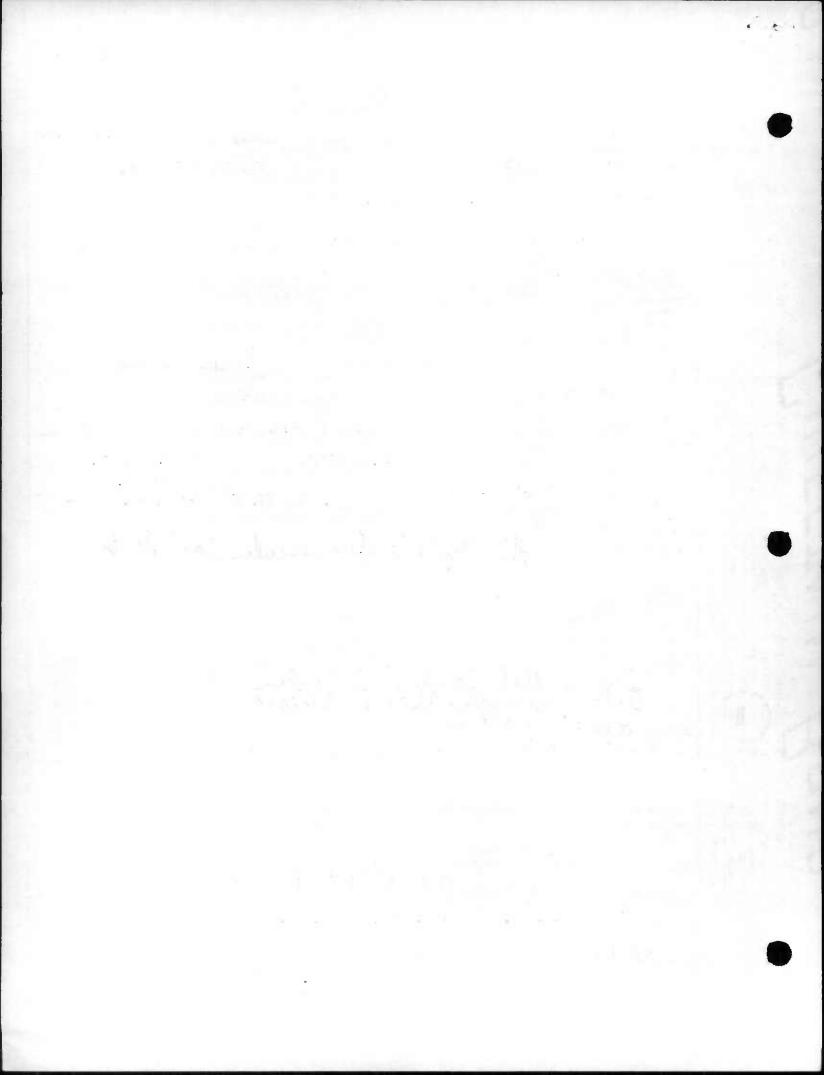
								- 6-	2000
	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYG REG.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT		YEAR 3.	TIME OF DEATH
	Sister Vincent FO)LEY				July	10. 19	92	8:10 a.m.
	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		440	ONTHS DAYS		7. DATE OF BIRTH (Month, Day, You	nr)	8. BIRTHPLA Country)	ACE (State or Foreign
		1 □ M 2 💢 F 89	YAS.			May 29,		MA	
œ	9e. FACILITY NAME (If not institution, give etre				OR LOCATION OF DE	EATH		TY OF DEAT	
5	Villa St. Michael	., 333 S. Se	ton Ave	Emmits	burg		Fre	ederi	ck
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, Y	OWN OR LOC	ATION			10	d. INSIDE CITY
	MD Frede	rick	Emm	itsbur	g			1)	YES 2 NO
FUNERAL	10e. STREET AND NUMBER			1	IN. ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?
NE	333 S. Seton Ave.				21727		USA		
F	1), MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexica	n, Puerto Rican, etc		Black, W	American Indian, /hite, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 U YI	S 2 X NO Specify	y:		Specify: T	White
ED	15. DECEDENT'S EDUCA (Specify only highest grade or	(TION	18e. DECEDENT'S US	UAL OCCUPA	TION	16b. KIND O	F BUSINESS/INDU	STRY	
	Elementery/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of world life. Do NOT use n	,	Tool of Horning				
COMPLETED		5+	Tea	acher	1		ters of	Char	ity
	17. FATHER'S NAME (First, Middle, Last) John C. F	roley			- 10-10-10-10-10-10-10-10-10-10-10-10-10-1	ME (First, Middle, M.			
BE	19e. INFORMANT'S NAME (Type/Print)	Oley	19b. MAILING AD	DRESS (Stree	Mary El	izabeth		Code)	
2	Sister Rosa Da	11y			eton Ave.				1727
- 1	20a. METHOD OF DISPOSITION V Burlel 2 Cremetion 3 Remov	20b	PLACE OF DISPOSITI				c. LOCATION — C		
	4 Donation 8 Other (Specify)			T. JOS	EPH'S	E	EMMITSBU	JRG, I	MD.
	21. SIGNATURE OF FUNDMAL SERVICE LICE	NSEE Skile	4	22. NAME	AND ADDRESS OF FA	CK	LES FUN	JERAI	HOME
	> your 1111.	siace.	1	210	W. MAIN S				21727-0427
	23. Post I. Enter the diseases, or co ehock, or heert fellure. Li	mplications that ceused	the deeth. Do not						Approximate Interval Between
	IMMEDIATE CAUSE (Finel	MA DEL		0		1 /	/	1 4	Onset and Death
	disease or condition resulting in death) a.	Mull		ielu	ovasci	ela_Cl	cold	Int	h
		DUE TO (OR AS A	MONNEOUENCE OF):						
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF):						1
CAT	If any, leeding to immediate cause. Enter UNDERLYING								
Ĕ	CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF):						
H.	resulting in deeth) LAST								
	PART II. Other significent conditions	contributing to death b	ut not resulting in	the underly	og cause given in		S AN AUTOPSY		ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Girand	Mal Se	muc	Di	sorde		RFORMED?	CC	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
Æ	arterios	cleratio	Offen	ut	Dislow	1	N-		YES 2 NO
E	Aunoth	myroidis	~						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. THER:	PLACE OF DEATH (Ch	eck only one)			
YSI	1 TYES 2 NO	1 Inpetient 2 ER/Outp	patient 3 DOA 4	Nursing H	ome 8 - Residence				
ď.	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME C	IY I	NJURY AT WORK?	28d. DESCRIBE H	IOW INJURY OCC	URED	
В	2 Accident Investigation	280. PLACE OF INJURY	— At home, farm, stre		YES 2 NO	281. LOCATION (S	Treat and Number	or Bural Bou	to Mumber
윤	4 Homicide determined	building, etc. (Spec	olly)	out tactory, or		City or Town,	State)	n nurai noui	w recorroos,
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my know	ledge, death accurred	at the time d	te and place, and due	In the equipolal on	d manner as at		
JM.	(Check only one) 2 MEDICAL EXAMPLES								nd manner es stated.
	29b. SIGNATURE AND TITLE OF CONTINUES			11.	29c. LICENSE NUI				lonth, Day, Year)
) BE		al	alla	UM	DDL	8205			. 1992
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	rint)			1 00	10	9

ALAN CARROLL, M.D., S. SETON AVE., EMMITSBURG, MD. 21727

31. DATE FILED (Month, Day, Year)

JUL 1 3 1992

Sulia Navidron Randale



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RECORDS,	
OF VITAL	
DIVISION	

NG PHYSICIAN: The law require the death conficer of enough within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	vis certificate has been signed by the attending regions of constitution with the State Dept. of Health and Mental Hypers prior to towis	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law	TO THE FUNERAL DIRECTOR: After this certificate has be be filed within 72 hours after death with the State Dept.	IMPORTANT: If item 28 is marked, or item 23 is

92 22606 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAT/30/90 3. TIME OF DEATH 5:00P ANNE 7. FORSYTHE

	ANNE	Z.	FORSYTH	Ξ.	2 0200					7	30	7 50/	9.2	5 00 PH
	4. SOCIAL SECURITY NUMBER 320-26-4587	ER	5. SEX 1 M 2 F	6. AGE 90%	lest birthday) YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE-OF (Mobil), D		901	8. BIRTH	4444
OB	90. FACILITY NAME (If not in FRIEND'S				SAND		ION OF DE		0-19	9c. COUN	MON'I	INOIS GOMERY		
FRESIDENCE OF DECEMENT 10a. STATE 10b. COUNTY MONTGOMERY SAN 10c. CITY, TOWN OR LOC SAN MONTGOMERY SAN									1	1 1611			0	
E	MD.		NIGOMERY		100. 011				RING					10d. INSIDE CITY LIMITS?
- 1	10e. STREET AND NUMBER	110.				,		ZIP COD				40- 0171		1 X YES 2 NO
	17401 N	TORWOOD	D RD.				1		0860			10g. CI I		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S.	ARMED	13.	WAS DEC		000	IC ORIGIN? (S	Specify Vee	or No.	U.S	- American Indian,
B	1 Never Merried 2 S		FORCES? 1 [IF YES, GIVE WA	YES 2	NO		If yee, sp	city Cub	on, Mexicer Specify	, Puerto Rice	n, etc.)		Bleck Specifi	White, etc.
		EDENT'S EDU highest grade		16e.	Give kind of	USUAL O	CCUPATIO	N et of work	0.00	16b. KII	ND OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5+)		EXECU	e retired.)					CF	HURCH		
<u></u>	17. FATHER'S NAME (First, Mi	iddle, Lest)								AE (First, Midd				
ш	CHARL	ES	ZUEBLI	1						AUROR			SK	
0 8	19e. INFORMANT'S NAME (7)	rpe/Print)			19b, MAILING	ADDRESS	S (Street a	nd Numbe	r or Rural R					
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	20e. METHOD OF DISPOSITE		ovel from State	20b.PLAC	CE AND OATE	OF DISPOS	ITION /Na	me of		OATE	-	ATION —		rn, State
1	4 Donation 5 Other	(Specify)		CH	AMBERS	CRE	TAME	DRY	7/3	31/92	RJ	VERD	ALE.	MD.
Ì	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSER	1		22.	NAME AN	D ADDRE	SS OF FAC		TT 15505		THE	15 00010
	19/19		Kamber	All M	00091	T.	J. W.	CH	ΔMRE:E	es co.	TTARE	SPR	ING,	MD. 20910
L CERTIFICATION	immediate cause (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYII CAUSE (Disease or injuit that initiated events resulting in deeth) LAST	ons, flete NG	в. Оди то ю оче то ю	H AS A CONS	SEQUENCE OF	ne	óu	n:						Intervel Between Onset and Death
IN: MEDICAL				eeth out no	c resulting i	n the un	derlying	Ceuse	given in F		PERFORM	AED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
200	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Chec	ok only one)				
	1 YES 2 NO		1 Inpatient 2 I			4 Physian	ilng Home	****	eldence 8	Other (Sp	pecify)			
In rui	1 Defitural 5 - F	Pending restigation	26e. DATE OF IN (Month, Oay,	Year)	INJI	M		IRY AT RK? ES 2		26d. DEŞCRII	BE HOW IN	JURY OCC	URED	
MPLEIEU		Could not be letermined	26s. PLACE OF building, at	INJURY — At c. (Specify)	home, ferm, s	treet, fect	ory, office			26f. LOCATIO City or To	N (Street an wn, State)	d Number o	or Runiil Ro	ute Number,
	29e. CERTIFIER (Check only	FYING PHYSI	CIAN: To the best of m	y knowledge,	death occurre	d at the ti	me, date	end place	, end due t	o the cause(e) end mann	er ee atate	d.	
5	one) 2 MEDIC	CAL EXAMINE	R: On the basis of exam	mination end/o	or investigation	n, In my o	pinion, de	ath occur	red at the ti	ime, date end	plece, end	due to the	cause(s)	end manner ee stated.
	296. SUBJUSTURY AND TITLE	OF CERTIFIER	Dan	2	M	>		29c. LICE	ENSE NUME	SER 209		29d. DATE	SIGNEO (Month, Oay, Year)
	30 MAME AND ADORESS OF	PERSON WHO	COMPLETED CAUSE	OF OEATH (IT	TEM 27) (Type,	Print)	301	G	me	u. R	8.1	200	2 1	1830830
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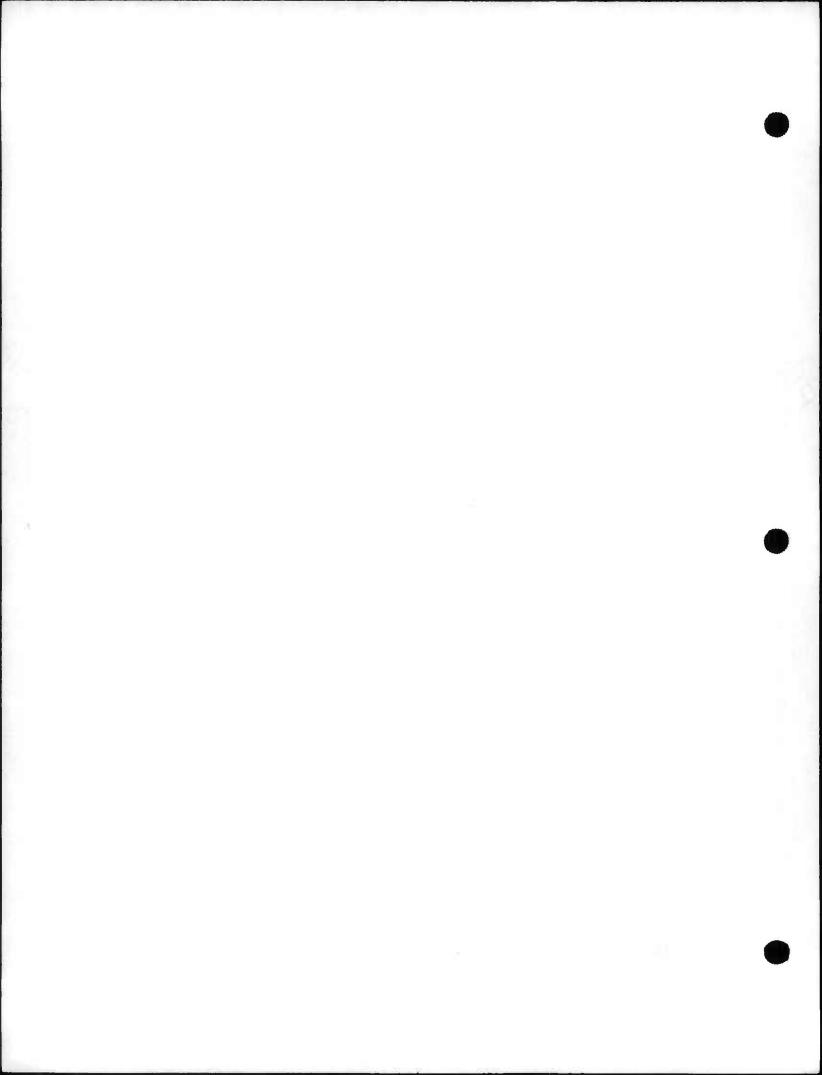
BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL BECORDS, P.O. BOX 13146,

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	tificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 s		
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	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA			MENTAL	HYGIENE REG. NO.		6	4201	1 /	
	1. DECEDENT'S NAME (First, Middle, Last) MARQUET 1 FE	MARGUERIT	Thoway GA	LLOWAY	7	2. DATE MONTH	OF DEATH		3. °	12 45m	M	
ij	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lest blanday) If UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (Stent										
OR	Spring brook Adventist N. H. N. H. are. Silver Spring, Md20904 Montgomery											
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							1				
								10g. CITIZEN	OF WHAT		٦	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS (Give kind of work done during most of working life. Do NOT use retired.)						or No- 14.	Black, White, etc.					
						INESS/INDUST						
MPL	17. FATHER'S NAME (First, Middle, Last)	4+	TEACHE	ER, E	lementa	9					4	
	SAMUEL SAMUEL	GALLOWA	Y		MAGGIE	-7. 12		RISBY				
) BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAJLING ADD	DRESS (Street a	nd Number or Rural F		ber, City or Town	, State, Zip Cod	o) MI	20902	\neg	
임	BEVERLY CAIN				TY BLVD.	WES					_	
20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) NORBECK MEMORIAL GARDENS 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) NORBECK MEMORIAL GARDENS 20c. LOCATION — City or Town, State OLNEY, MD							State					
	21. SIGNATURE OF FUNERAL SERVICE LI	La Caus	oul		IS J. CO		S FUNE	RAL HO	ME,	INC.	موم	
	23. PART/I. Enter the diseases, or shock, or heart failure.	compilcations that caus List only one cause on								Approximate interval Betw		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	4.	Preum	4						Opset and D	eath	
NOI	Sequentially list conditions, if any, leading to immediate	b	A CONSEQUENCE OF): S A CONSEQUENCE OF):	7						Flar	1	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated eventa resulting in death) LAST	CDUE TO (OR A	S A CONSEQUENCE OF):									
A	PART II. Other significant condition	ns contributing to desti	but not resulting in t	he underlyin	g cause given in	Part I.	24a. WAS AN PERFOR	MED?	AV	ERE AUTOPSY FINDI AILABLE PRIOR TO OMPLETION OF CAUS F DEATH?	23016.1	
W						_			1	YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THĘÁ:	LACE OF DEATH (Ch						=	
	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Yea		r Wo	JURY AT DRK?	28d. DE	SCRIBE HOW I	NJURY OCCUR	ED		ヿ	
2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 5 Could not be determined determined						e Number,	\dashv					
COMPLET	(Check only	SICIAN: To the best of my kr							iuse(s) si	nd manner as state	d.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ER Q /	70		29c. LICENSE NU	MBER &	9	29d. DATE SI ▶2,4	GNED (M	onth, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	1201	Mare	SS,	uf.	2080	1			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S &	IGNATURE			1		101 100				



BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

permit.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN: The law requires that the destination be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. HOSPITAL TO THE HO!
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ing implician and completely filled in by the funeral director, page 5 should be detached for use as the burners prior to burial, cremation, or removal.	
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UNERAL DIRECTOR: After this certificate has been signed by the lithin 72 hours after death with the State Dept. or Health and health	NYT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED MONTE 199

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32 REGISTRAP'S SIGNATURE
JUNE DAVIDO A Andres

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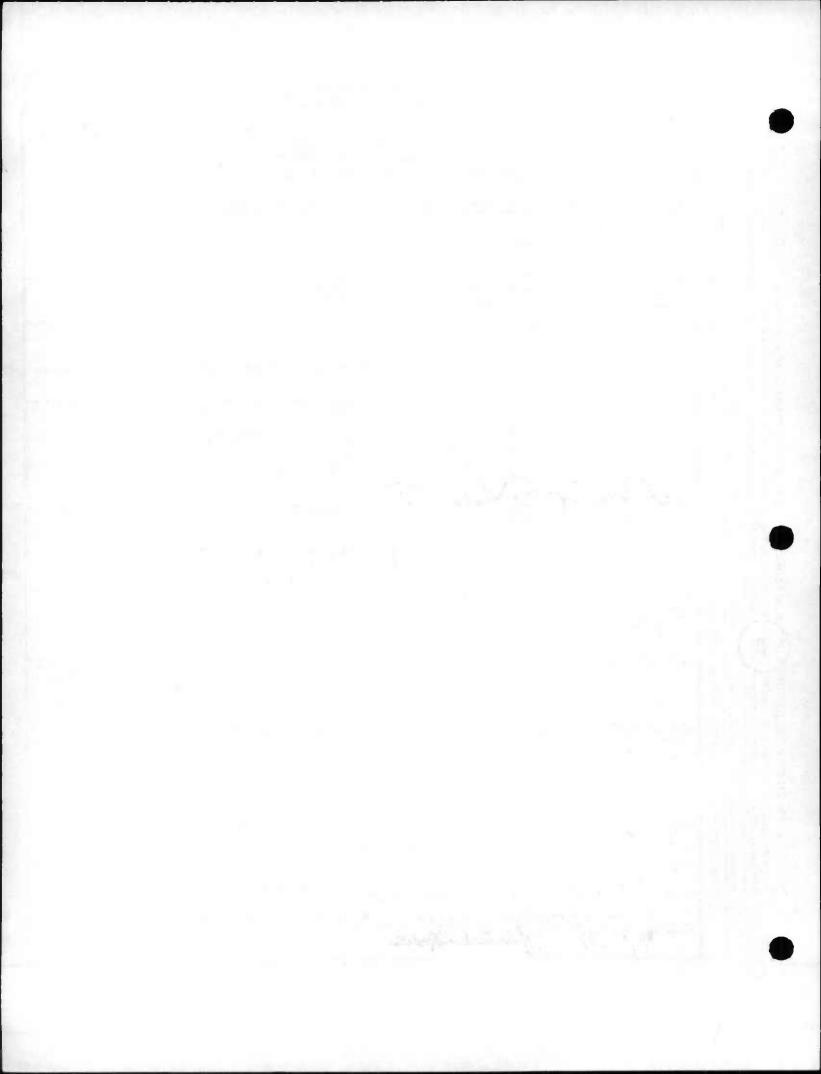
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle 2. DATE OF DEATH 1/28/92 3. TIME OF DEATH Frances Gelles ranges 87 1185 12:52A m 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) Sept. 22, 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS 170 36 3985 1 M 2 F 1914 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Bethesda 1 YES 2 NO FUNERAL 10a, STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6009 Rossmore Drive 20814 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: White BY 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co. ntary/Secondary (0-12) College (1-4 or 5+) Unavailable Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) John Janezic Frances Opecka BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Frances Powers (daughter) Same as 10 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State etery, cremetory or other place)
Grandview Cemetery Johnstown, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Capitol Funeral Service, Falls Church, VA 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween IMMEDIATE CAUSE (Final Onset and Death Cardiorespina disease or condition resulting in death) CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 1000 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 ☐ Inpatient 2 DER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 D Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, farm, streel, factory, office building, etc. (Specify) 3 Suicide 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Ruha M.D 39671 2 28 .92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

20852

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ROUKVILLE

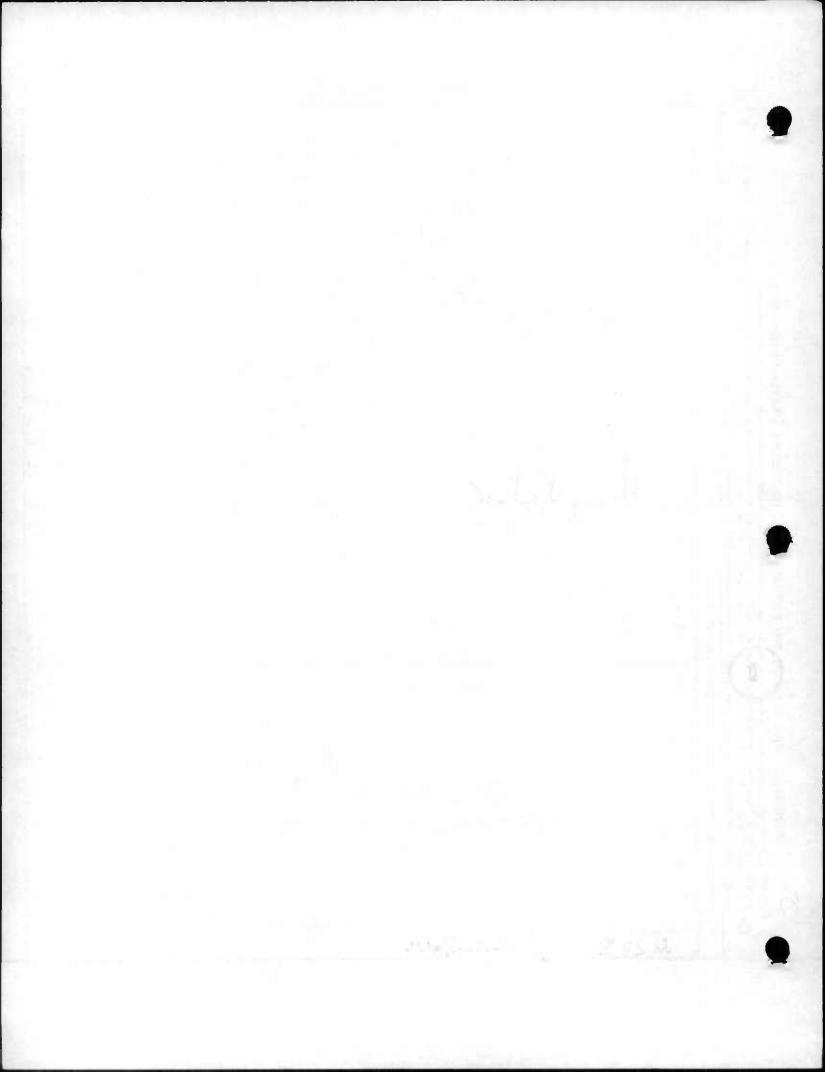


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Inding physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should Hygiene prior to bunal, cremation, or removal. RELEASED certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. my, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN. The inv inquires TO THE FLINEPAL ORDICATOR, After this centificate has been spin be filed within 72 hours after death with the State Dept. of HANG IMPORTANT. If Hem. 28 is marked, or Nem. 23 shows a FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	Ci	ERTIFIC	CATE OF	DEATH	A	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			3. TIME OF DEATH
i i	ROBERT J. C	5 RIM	M			MONTH	2		YEAR 9 2	05151 PM
3	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. Inc		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E		3	-	
	070-10-4660 1½ M 2 □ F	74		ONTHS DAYS	HOURS MIN.	Feb 2	8,19	18	Countr	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street and number)			96. CITY, TOWN	OR LOCATION OF DE				NTY OF D	
E	Suburban Hospital			Bethe	cha			50 111	gome	
E I	RESIDENCE OF DECEDENT			Detile	Sua			HOHE	gome	L y
Ĕ	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION				T	10d, INSIDE CITY
DIRECTOR	Maryland Montgomery		Bet	thesda					- 1	LIMITS?
	10e. STREET AND NUMBER				ZIP CODE			Man CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	6501 Westland Road			1"	20817					THAT COUNTRY?
W I			700					5.A.		
5		T EVER IN U.S. AR		13. WAS DEC	ENDENT OF HISPAN ecity Cuban, Mexicar	HC ORIGIN? (S	pecify Yes	or No-	14. RACE Black	- American Indian, White, atc.
BY	3 Wildowed 4 Disposed IF YES, GIVE V	MAR OR DATES		1 TYES	2 K NO Specify		700	- 1	Spech	
	15. DECEDENT'S EDUCATION	W II		1				1		WILLE
쁘	(Specify only highest grade completed)	/G	ive kind of wo	SUAL OCCUPATE rk done during me	DN st of working	16b. KIN	D OF BUS	INESS/IND	USTRY	
۳	Elementary/Secondary (0-12) College (1-4 or 5	+)	Do NOT use			1.				
₹	4	A	ccount	tant		Acc	ount:	ing		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM					
BE	Frank J. Grimm				Elizabe	eth E.	Kee:	Len		
	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING A	DDRESS (Street a	nd Number or Rural R	loute Number, C	lity or Town	, State, Zip	Code)	
2	Marilyn J. Grimm	6	501 We	estland	Rd. ,Bet	hesda	, MD	208	317	
	20s. METHOD OF DISPOSITION 1 □ Burlai 2 □ Cremation 3 □ Removal from State	20b. PLACE	EAND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — Cit						City or To	ern State
- 1	1 Burial 2 Cremation 3 Removal from State 4 Donation 6 Donate		rt Crem		DATE				Virginia	
- 1	21. SIGNATUMS OF FUNERAL BERNICE LICENSEE ()				HITY TO				Sons, Inc.	
- 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0			Wisc. Ave					
_	Henry S. Joer	V						_		00 20010
	23. PART I. Enter the diseases, or complications the	it caused the de	ath. Do no	t enter the mo	da of dying, such	aa cardiac	or reapi	ratory err	est,	Approximata
- 1	shock, or heen-failure. List only one cer IMMEDIATE CAUSE (Fine)	use on each line								interval Batween
- 1	disease pr condition	1015	1 0	0.70	100 11	AL AS	0-:	Λ		Onset and Death
ŀ	resulting in death) a. DUE TO	100 AS A CONSE	CCC P	FURED	ABROMIN	me to	KILE	ANG	ury	m Minutes
	502.10	(OIL NO N CONSEL	ZUENCE OF):						1	
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RTIF	thet initiated events resulting in deeth) LAST	(on no n conce	DENOE OF J.							
	d									
_	PART II. Other aignificent conditions contributing to	death but not r	esuiting in	the underlyin	ceuse given in I	Part I. 24s	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
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M						_				1 TES 2 NO
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S	1 YES 2 NO 1 Inpetient 2	ER/Outpetient 3			o 5 □ Residence I	B C Other (Spi	nc#y)			
=	27. MANNER OF DEATH 28a. DATE OF (Month, D	INJURY Any, Year)	28b. TIME I		JRY AT	28d. DESCRIE	E HOW IN	JURY OCC	URED	
84	1 Natural 5 Pending 2 Accident Investigation	92			'ES 2 -NO					
	3 Suicide 20 Could and 28a. PLACE C	OF INJURY — At ho atc. (Specify)	me, farm, str	et, factory, offic		261. LOCATION	N (Street a	nd Number	or Rural R	oute Number,
COMPLETED	4 Homicide determined					City or To	wn, State)			
۳ ا	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of	en kanuladas da	eth a sau et					-		
토										
3	2 MEDICAL EXAMINER: On the basis of a	Aminimum and/or i	ive=tig=tion,	in my opinion, o	enth occured at the t	ime, data and	place, and	due to the	e cause(e)	and manner as stated.
- 11	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			29d. DATE		(Month, Day, Year)
IO BE	/ Mart Stall				0716	1			7 2	-6 92
1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU			rint)	11	~4.				
	ISMI SHADY GRO	UE Ro.	10	KUCK	ulle 1	CD	20	10		
	31. DATE FILED (Month, Day, Year) 32. REGISTRA	DIO 01011111100								
ĮĮ.	SI. DATE PILED (MORIII, Day, 1981)	R'S SIGNATURE								
	JUL 29 92 Julia Davi	dama Road	DZ.							



REG NO

2. DATE OF DEATH

7

7. DATE OF BIRTH (Month, Day, Year

SEP.14,1915

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

577-07-0806

MARYLAND

31. DATE FILED (Month, Day, Year)

'92

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street

RESIDENCE OF DECEDENT

WILSON HEALTH CARE CENTER

10b. COUNTY

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DIRECTOR

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use as the burial-transit permit. Pages 1, 2, 3 should FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 13202 KEATING STREET 20853 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION st of working detached for Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOUSEWIFE 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) page 5 should be notified at SALVATORE J. CHISARI BE FRANCES P. PICCATAGGI 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 2 ALLEN H. (HUSBAND) GRUBER 13202 KEATING STREET pe 20s. METHOD OF DISPOSITION

W Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must the funeral director, 4 Donation 5 Other (Specify) FORT LINCOLN CEMETERY 18/1 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD. W. SIL. SPR. MD. 20901 medical require that the east certificate be executed within 24 hours after the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties o 23. PART i. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, auch ea cerdiec or respiratory arrest. ehock, or heert feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel the diseese or condition_ event, resulting in death) traumatic CERTIFICATION Sequentisity list conditions. if eny, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disesse or Injury other that initisted events resulting in desth) LAST 6 injury. PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL MAY 2017 PHYSICIAN: Vasaula 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h the State Mel **EXAMINER?** HOSPITAL: 1 YES 2 OTHER PHYSICIAI 1 Inpetient 2 ER/Outpetient 3 DOA 0 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) with t 28b. TIME OF 28c. INJURY AT WORK? is marked 1 Natural 5 Pending After th BY 1 YES 2 NO 2 Accident Investigation DR ATTENDING 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) ETED 6 Could not be determined DIRECTOR: hours after 28 4 Homicide Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated. COMPL FUNERAL I HOSPITAL 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 296. SIGNATURE AND TITLE OF CERTIFIER STEPHEN N. JONES, M.D., FA.C. BE BOO VIERSAMPLE RD 2 30. NAME AND ADDRESS OF FOR DEROCKVILLE, ND. 20851 762-5010

92 22610 3. TIME OF DEATH YEAR 92 3:104 8. BIRTHPLACE (State or Foreign NEW YORK 9c. COUNTY OF DEATH MONTGOMERY 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, atc. WHITE 16b. KIND OF BUSINESS/INDUSTRY ROCKVILLE, MARYLAND 20853 20c. LOCATION -- City or Town, State BRENTWOOD, MARYLAND Approximate

Interval Bstween Onset and Death

24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 1 NO OF DEATH?

30

1 YES 2 NO

20d, DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Yber)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

MONTHS

10c. CITY, TOWN OR LOCATION

ROCKVILLE

YRS.

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

GAITHERSBURG

MARIE C. GRUBER

5. SEX

MONTGOMERY

1 🗌 M 2 😾 F

GRUBER

6. AGE (In yrs. last birthden

76

32, REDISTRAR'S SIGNAURE

DHMH-16 Rev 1/89

OHMH-16 Rev 1/89

FOR

DIVISION OF VITAL RECORDS, P.O. BOX	TO THE HOSPITAL OR ATTEND TO PLOCHARIE. The law requires that the death certificate be	cate has been signed by the attending physician	state Dept. of Health and Mental Hygiene prior t	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traus
SIGNOFY	ENDING BIOSICIAN	OR: Oper this certific	ler on the with the	is marked, or
DIVIS	THE HOSPITAL OR ATTI	THE FUNERAL DIRECTO	filed within 72 hours aft	PORTANT: if Item 28
1	2	2	2	I

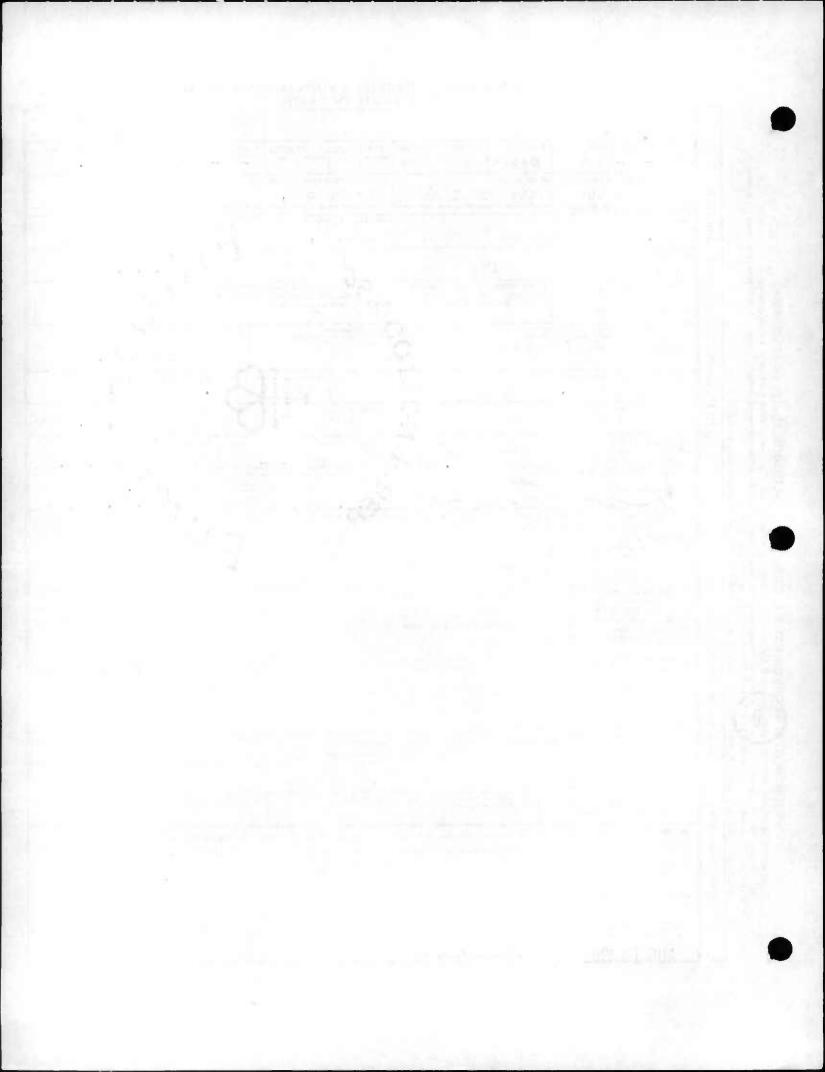
	1. OECEDENT'S NAME (First, Middle, Last) LEROY GLUCKSBERG 2. DATE OF DEATH MONTH DAY YEAR 92															
	4. SOCIAL SECURITY NUMBER				Ţ			7	30	92	1100					
		5. SEX 6. AGE (In yrs.		MONTHS DAVE			MIN.	7. DATE OF BIRT (Month, Day, Ye	H ear)	8. BIRTH Country	PLACE (State or Foreign					
	124-10-4050 9a. FACILITY NAME (If not institution, give	½XM 2 □ F	78	YRS.		7.317		(Month, Day, Ye 04-15-		Nev						
œ					9b. CITY, TOW			ATH	-11.513	UNTY OF D						
5	Hebrew Home of	Greater	Wash	ningt	on Ro	ckvi	lle		Mo	ontgo	omery					
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										10d. INSIDE CITY					
<u>-</u>										LIMITS?						
AL	10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT															
FUNERAL	8715 First Ave 20910 United S										States					
2	11. MARITAL STATUS	EVER IN U.S.	ARMED	13. WAS D	ECENDENT (F HISPAN	IC ORIGIN? (Speci	fy Yes or No-	14. RACE	- American Indian, White, etc.						
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WITH	OR DATES			ES 2X NO		, Puerto Ricen, at	C.)	Specif	y:					
	15. DECEDENT'S ED	World W									White					
ETE	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT us	USUAL OCCUPA work done during se retired.)	TION most of working	ng	166, KIND O	F BUSINESS/IN	IDUSTRY							
	Consider (1-4 ot 2 +)															
COMPL	7. FATHER'S NAME (First, Middle, Last) Piano Technician Private Business 16. MOTHER'S NAME (First, Middle, Meiden Surname)										less					
O	Harry Clucksh.	Harry Glucksherg Lillian Levy														
00	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Rural Route Number City of Town, Statin Zin Code)															
2	State matterior and number of number city of lown. State Zin Code)								20910							
	Marie Glucksberg 8715 First Ave. Silver Spring Maryland 20a. METHOO OF DISPOSITION 1 Burlet 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of company of other place) DATE 20c. LOCATION - City or Town, State															
	4 Donetion 8 Other (Specify)	moval from State	cemetary, c	crematory or o	ther placa)		tors		7776	xand	Iria, Va					
	Metropolitan Crematory 7/31/92 **Texano										Eunewal					
											runeral					
	23. PART I. Enter the diseases, or	complications that c	eused the	deeth Do	ot onter the	ada of du	011,	VIIGII	IIa ZZ	2201	Approximate					
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):															
ERTIFICATION	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST															
RTIF	that initiated events						DART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
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Laren Serving

Switch Edward

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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / CE			OF HEALTH			GIENE G. NO.	92	22612	
	1. DECEDENT'S NAME (First, Middle, Last)	E		Gi	_AD	1716		2. DATE OF DE MONTH	EATH DAY	1992	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-24-3198	5. SEX	6. AGE (In yrs. last .	birthday) YRS.	IF UNDER	DAYS HOURS	A 24 HRS.	7. DATE OF BE	11927	8. BIRTH Country	PLACE (State or Foreign	
Œ	96. FACILITY NAME (If not institution, give st Washington Co	reet and number)	osntial			TOWN OR LOCAT			9c. C	OUNTY OF D	EATH	
2	RESIDENCE OF DECEDENT		obpotat				11,9		Wa	SHTHE	3 COII	
DIRECTOR	MD. Washi	ngton						Tou. Mode of t				
FUNERAL	100. STREET AND NUMBER 14123 Greencas	stle Pi	ke 21740						10g. CITIZEN OF WHAT COUNTRULY U . S . A .			
≥8	11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	FORCES? 1	TEVER IN U.S. ARM VES 2 NO MAR OR DATES	IED D	H	AS DECENDENT (yes, specify Cube	ın, Mexica	n, Puerto Rican,	cify Yea or No- atc.)	Black	- American Indien, White, atc.	
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BE CON	17. FATHER'S NAME (First, Middle, Lest) Clarence W.									"Mill	.s	
10	19a. INFORMANT'S NAME (Type/Print) Mary Gladhill		19b.	MAILING 412	3 Gr	(Street and Number eencas	tle	Pike	or fown, State, Hager	zio code) stown	,MD.21740	
	20e_METHOD OF DISPOSITION 1 D-Burlel 2 Cremation 3 Remo	oval from State	20b. PLACE AN cametery, crem		ther place)		8_8.		Clear		ng MD.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE) and		22. P	ompson O.Box	SS OF FA	neral	Home,	Inc.		
CERTIFICATION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								Approximeta Interval Between Onset and Deeth			
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TO BE C	29b. STOMATURE AND TITLE OF CENTIFIER	حوب	m.)			29c. LICI	ENSE NUM		29d. D	ATE SIGNEO	(Month, Day, Year)	
F	Who N. Fender	COMPLETEO CAU	SE OF OEATH (ITEM	27) (Type	Prine)	m St.	14.	terep a	oun.	mo.	20140	
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1	AUG 1932						_					



DIVISION OF WITH RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTME

NT	OF HEALTH AND MENTA	L HYGIENE	36	660
TE	OF DEATH	REG. NO.		

	REGISTRAR CERTIFICATE OF DE	EATH	REG. NO.								
	1. DECEDENT'S NAME (First, MIGGIO, Last) Ethel MAE Griffith	2. DATE MONT		YEAR 9 3. TIME OF DEATH 30 M							
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. less blithdey) FUNDER 1 YEAR FUNDER 2 STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE	INDER 24 HRS. 7. DATE (Morn Mark	ch 26,1911	BIRTHPLACE (State or Foreign Country) Maryland							
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DIRECTOR	Maryland Harford 10c. CITY, TOWN OR LOCATION Aberdeen	ı		10d. INSIDE CITY LIMITS? 1 YES 2 NO							
FUNERAL	106. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN C 1721 Perryman Road 21001 U.S.,										
BY	11. MARITAL STATUS 1 Never Merried 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES 13. WAS DECEDENT If yes, specify C 1 YES 2 X	Cuban, Maxican, Puerto	N? (Specify Yes or No— 1 Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White							
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111	17. FATHER'S NAME (First, Middle, Last) 18. M		Middle, Maiden Surname) E. Singletor	1							
De notified TO BI	19a. INFORMANT'S NAME (Type/Print) Mary E. Griffith 1721 Perryman Re	mber or Rural Route Num		Code)							
must	20s. METHOD OF DISPOSITION 1 Started 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE										
ai examiner	Kursten Anus () nale ship Aberdeen	, Maryland	eral Home, I 21001-3399	9							
event, the medical	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) PUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death Onset and Death										
or other traumatic	OUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying caus	se given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DF DEATH (Check only or									
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	SCRIBE HOW INJURY OCCU	REO								
ЕТЕР В	3 Suicide 8 Could not be detarmined 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify)	28f. LOC City	CATION (Street and Number or or Town, State)	Rural Route Number,							
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and plate one) 2 MEDICAL EXAMINER: On the best of axaminstion and/or investigation, in my opinion, death occurred.										
BE DE	CONSTRUCT AND VIVE OF OFFICE OF	STOUL1		RIGNED (Month, Day, Year)							
10	DANTE M. MUNAKIL ARTRE DE du	Grana	Me 211	270							
	31. OATE FILED-MOTHER (1997, 1601) 32. REGISTRAR'S SIGNATURE										

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THE HOSPITAL OR ATTENDING PHYSICIAN: THE PRINCIPLE IN THE

03'92

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH IDA BOWER GRANT August 1, 1992 9:00 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)
Feb. 28,1903 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign DAYS 214-34-4863 1 M 2 F Virginia permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 621 Long Bar Harbor Road FUNERAL DIRECTOR Abingdon Harford RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Harford 1 TES 2 1 NO Abingdon 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 621 Long Bar Harbor Road

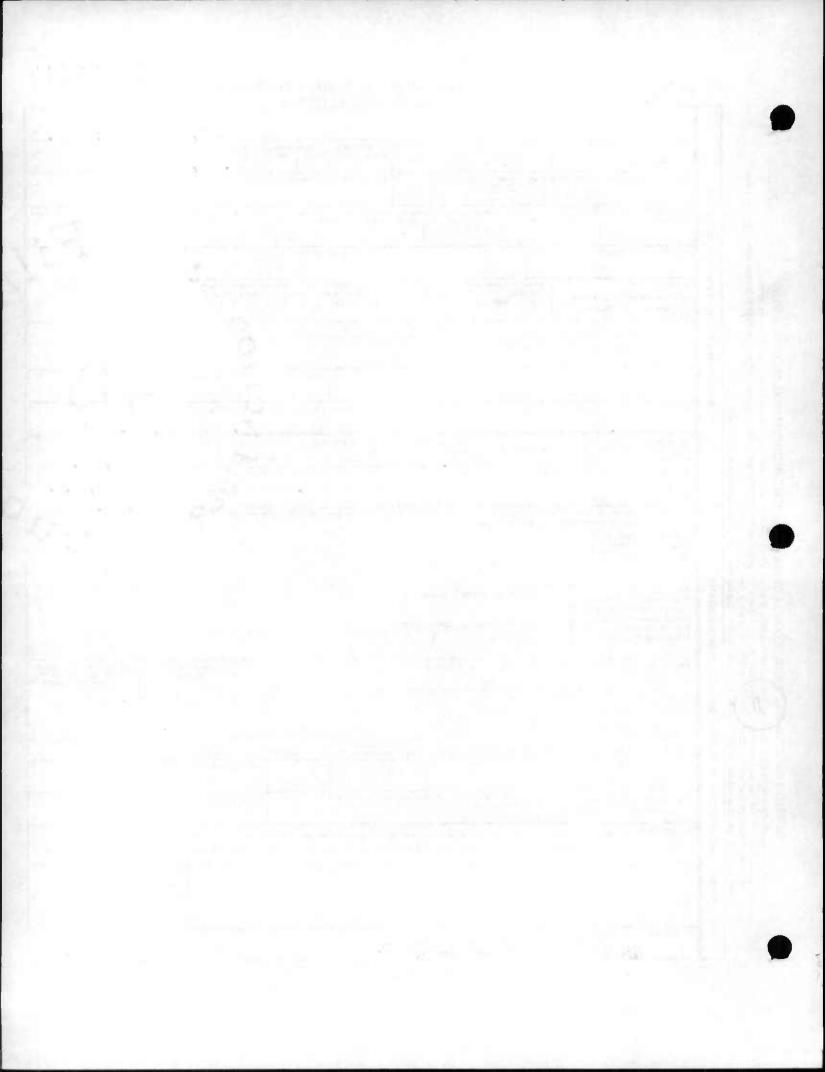
11. MARITAL STATUS

12. WAS DECED 21009 USA retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 1 TES 2 NO Specify: White 2 Widowed 4 □ Divorced COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) page 5 should be detached for Housewife **Home** 12 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Henry Melvin Bower Margaret Lettie Epperley Ħ notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Phyllis L. Grant 621 Long Bar Harbor Road, Abingdon, Md. 21009 hours after death. Page 6 may be 9 20e. METHOD OF DISPOSITION

1 | Suriel 2 | Cremation 3 | Ref 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must filled in by the funeral director, on, or removal. 8-6-92 Donation 5 - Other (Specify). Zion Cemetery Bel Air, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one ceuse on sech line. medical interval Between IMMEDIATE CAUSE (Final Onset and Death the Carcendona cremation, disease or condition resulting in death) month completely event, DUE TO (OR AS A CONSEQUENCE OF): and com traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): The attending physician a Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST other OUE TO (OR AS A CONSEQUENCE OF): 50 amy injury, PART ii. Other aignificent conditiona contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS to the alth and of the AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMEO? 1 TES 2 NO SHORE 1 YES 2 NO e rile PHYSICIAN: ementa 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 8 Other (Specify) the 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident DIRECTOR: After the hours after death w 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho 2 MEDICAL EXAMINER: On the by mination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) end menner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 70 3 19 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) Print) ASHOK NARANG COLGATB \$101 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Julia Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
Mental Hygiene prior to burial, cremation, or removal.

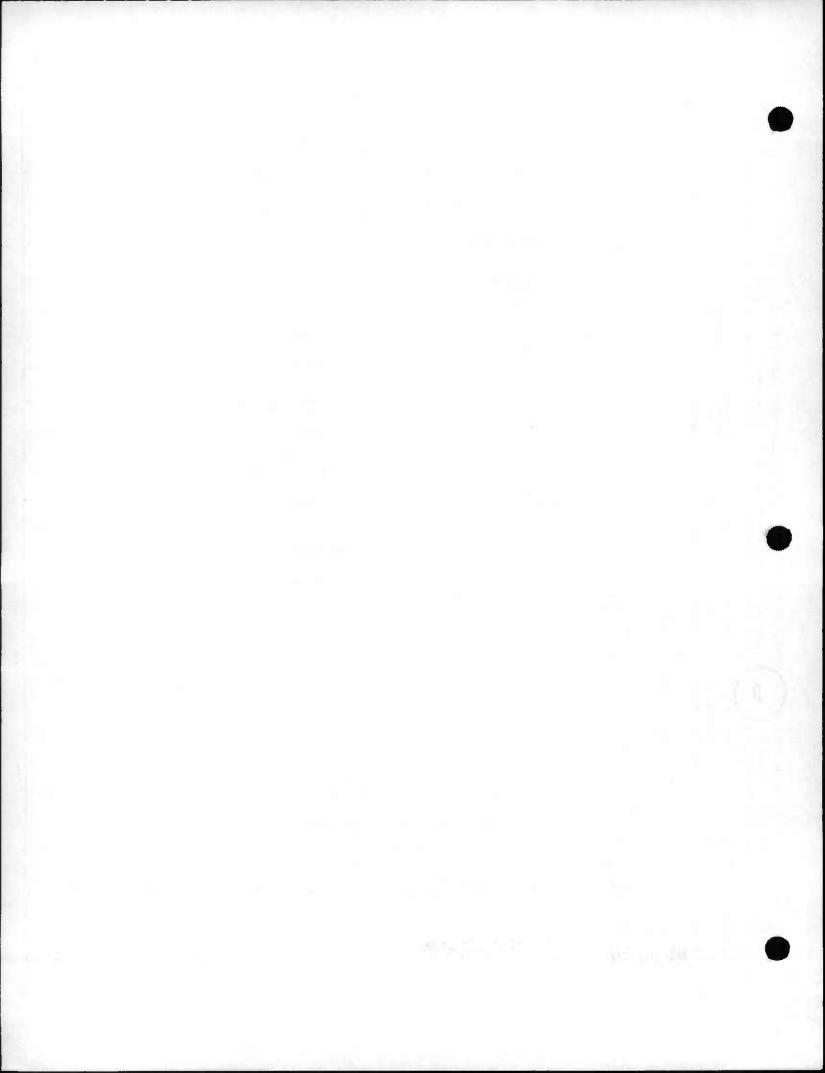
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL PECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The linear plant death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has considered to the property filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dust Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEALTH	AND MEN	TAL HYGIENE REG. NO.		- Time Sure	0 1 0		
	1. DECEDENT'S NAME (First, Middle, Last)				2. D.	TE OF DEATH		3. TIME OF	DEATH		
	EDNA T G	איי די איז ב			MC	8-3-92	YE.		0 a. m		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (F UNDER 1 YEAR IF UNDER	24 HRS. 7. DA	TE OF BIRTH	8. 8	IOTHOLACE /State	or Englan		
	578-42-4905	1 🗆 M 2 📆 🟋	61 YRS.	ONTHS DAYS HOURS	MIN.	-16-31	ľ	Wash., D.C			
	9e. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN OR LOCATION	ON OF DEATN		9c. COUNTY				
DIRECTOR	Montgomery (Jeneral Hos	pital	Olney	У		Montg	omery			
EC	10e. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCATION				10d. INSIDE	CITY		
DIR	MD. Mont	gomery		ockville				LIMITS	17		
	10e. STREET AND NUMBER	Homery		101. ZIP CODE	E	10g. CITIZEN OF WHAT					
ER	#3 Iris Street			20853			USA				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT O	F HISPANIC OR	GIN? (Specify Yes	or No.— 14. I	RACE — American	n Indian,		
BY F	1 Never Merried 2 Married 3 Widowed 4 N Divorced	FORCES? 1 YES		If yes, specify Cuba 1 ☐ YES 2 📉 NO		to Rican, etc.)		Black, White, etc.			
			16a. DECEDENT'S US	l				Specify: White	8		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	ng .	16b. KIND OF BUSI	NESS/INDUST	RY					
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Oxoomox	oneo.,		Town &	Countr	y Dog Sa	alon		
MO	17. FATHER'S NAME (First, Middle, Last)		Groomer	18 MOTH	IED'S NAME /EI-	st, Middle, Maiden S	himama!				
	Grover Clevelar	d Decatur			ida Llo		uneme,				
BE (19e. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)										
5	Michael Griffith 4209 Farragut St. Hyattsville, MD.										
	20a. METNOD OF DISPOSITION 1										
	4 Donallon 5 Other (Specify) Gate of Heaven Cemetery 8-6-92 Silver Spring, MD.										
	21. SIGNATURE OF FUNERAL SERVICE LI	CERSEE / _ /		22. NAME AND ADDRES Hines-Rin			Omo				
	Xani).	(thout		11800 New				or Snri	ma MD		
	23. PART I. Enter the diseeses, pr	complications that caused	the deeth. Do not	enter the mode of dyi	ng, auch es c	erdiec or respir	atory srrest,		oximsts		
	shock, or heart fellure. IMMEDIATE CAUSE (Final	List Dnly one ceuse on e	ech line.						val Between		
	resorting in death)	DUE TO (OR AS A	CONSEQUENCE OF					-	Jines		
Z	disease or condition a. Metatata Malignant Mulanoma Due TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, If any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION											
5	CAUSE (Disease or Injury	C. DUE TO (OR AS A	CONSEQUENCE OF:								
E	that initiated events resulting in desth) LAST		outside of p					j			
3											
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oid	Pleuret, lung	the mets	forms.			1 TYES 2		COMPLETION OF DEATH?	OF CAUSE		
ME						· ·	`	1 TYES 2	2 NO		
Z											
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DE	EATN (Check only	one)					
IYS	1 TES 2 NO	1 Inpetient 2 ER/Outp	atient 3 DOA 4	☐ Nursing Nome 5 ☐ Re							
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME C	Y WORK?		DESCRIBE NOW IN.	JURY OCCURE	D			
B	2 Accident Investigation	28e. PLACE OF INJURY	— Al home farm etre	M 1 YES 2		OCATION (Press)	of March as a Ph	-15 - 4 - 1			
G	3 Suicide 8 Could not be determined	building, etc. (Spec	ify)	et, factory, office		OCATION (Street an ity or Town, Stete)	d Number or Hi	iral Houte Number,			
COMPLETED	29e. CERTIFIER	101411 7-11-1-1-1				-		-			
MP		ICIAN: To the bast of my knowl ER: On the basis of examination									
	1011 SIGNATURE AND TITLE OF CERTIFIE										
BE	STORE AND THE OF CERTIFIE)·11 16)		NSE NUMBER		29d, DATE SIG	NED (Month, Day,	Ybar)		
2	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Tone De		3832		5 %	rey 42	_		
	Dan = 7 3 D: 7 7	n. M.D.	(e.i.) (ilypo; Pri	,							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE								
	AUG 01. 192	Leta Savidson Pas	delle								
	1100 H4 35										



BALTIMORE, MARYLAND 21215-0020

1 -

BE COMPLETED BY FUNERAL DIRECTOR

2

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR STATE REGISTRAR		STATE OF N	IARYL	AND /	DEPAR ERTIF	TMENT ICATE	OF H	IEALTH DEAT	AND I	MENTA	L HYGIE		9,	2 226	16
1. DECEDENT'S NAME (FIRST, RAYMON	ID	T. HAR	REI	. HA						2. DATE	e of Death	DAY 9	YEAR 92	3. TIME OF DEAT	H A-M
4. SOCIAL SECURITY NUMB 579-42-1876	ER	5. SEX	6. AGE	(In yrs. les 57	t birthday) 7 YRS.	IF UNDER 1	DAYS	#F UNDER	24 HRS. MIN.	7. DATE (Mon Aug	th, Day, Year)	1934	Coun	HPLACE (State or Fo stry) shington	
					96. CITY, Betl		R LOCATI	ON OF DE			9c. C0	ntgo	DEATH		
RESIDENCE OF DEC	10b. COUNT	•			10c. CIT	Y, TOWN OF	LOCAT	ION						10d. INSIDE CITY	
Maryland 100. STREET AND NUMBER	Mont	tgomery			В	ethes	_	. ZIP CODI	E			10g. C	ITIZEN OF	1 ★ YES 2 □	NO
7376 Westla	ke Tei		r Even	ulle 42	MED	40 ***		20817				U.	S.A.		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES KOTEAN					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 □ YES 2 ☒ NO Specify: 14. RACE Black Specify:					E — American India ck, White, etc. city: White	n,				
(Sive kind of life. Do NOT u				ve kind of a Do NOT us	B USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY work done during most of working see retired.) 2 Foreman A.T.T.										
17. FATHER'S NAME (First, MI Raymond T.		ell, Sr.				18. MOTNER'S NAME (First, Middle, Meiden Surname) Beatrice Harin									
Jacqueline		e11									esda,		Zip Code)	7	
20a, METHOD OF DISPOSITI		noval from State	000	PLACE A	ND DATE	OF DISPOSIT	TION (Na	me of		OAT	TE 20c. I	LOCATION	- City or T		
21. SIGNATURE OF FUNERAL	A	Sinherto	-			Heaven Cemetery 8-3-92 Silver Spring, MD 22. NAME AND ADDRESS OF FACILITY JOSEPH GAWLER'S SONS, INC. 5130 Wisc. Ave., NW, Washington, DC 20016									
23. PART I, Enter the di- shock, or he IMMEDIATE CAUSE (Fin disease or condition	part tallure.	complications that List only one cau	caused se on e	tha da ach line	eth. Do r	ot anter t	he mo	de of dyl	ing, auci	h aa car	diac or res	piratory a	erraat,	Approxima Interval Be Onset and	ita itween
resulting in dasth)	→	ACUTE DUE TO	OR AS A	OCAF	EDIAI DUENCE OF	INFA	ARCI	TION		-					
Sequantially list condition of any, leading to immediate. Enter UNDERLY!	diata NG	b. DUE TO	OR AS A	CONSEC	UENCE O	F):				-					
CAUSE (Disease or Injurithat initiated events resulting in death) LAST		DUE TO	OR AS A	CONSEC	UENCE OF	7):									

cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	dd.		
PART II. Other algnificant conditi	ons contributing to death but not resulting in the underlying cause g	Iven In Part I. 244. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDHNG AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF OR	EATH (Check only one)	
EXAMINER?	HOSPITAL: OTHER:		

EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nu	R:	
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRIBE NOW INJURY OCCUREO
3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	ome, larm, street, lac	ctory, office	28I. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, end due to the cause(e) end manner as stated.

ele of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

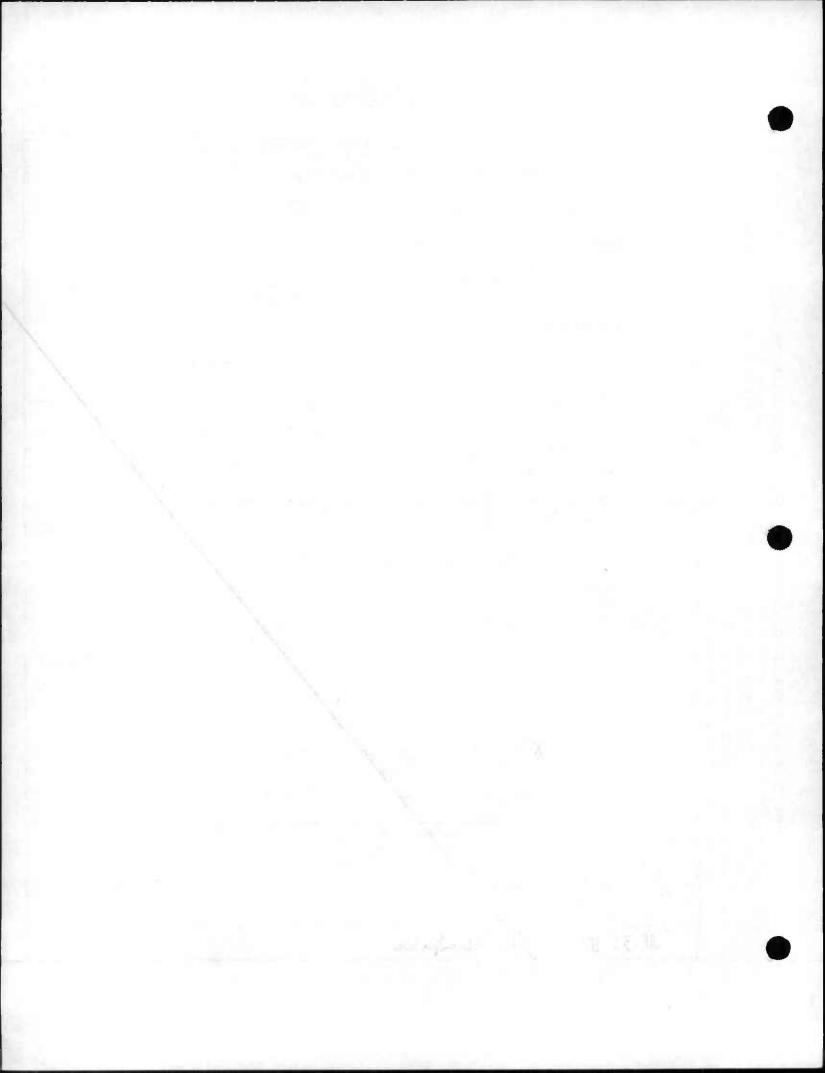
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LEWIS LIPSON M.D. 5530 WISCONSIN AVE CHEVY CHASE, MARYLAND 20815

SURE DEVICE PROPERTY

7/29/92



for use as the burial-transit permit. Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The two transfer of the first of the hours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been stoned by the attending product and completely filled in by the funeral director, page 5 should be detact		MPORTANT: If Item 28 is marked, or item 23 shown by injury, or other traumatic event, the medical examiner must be notified at once
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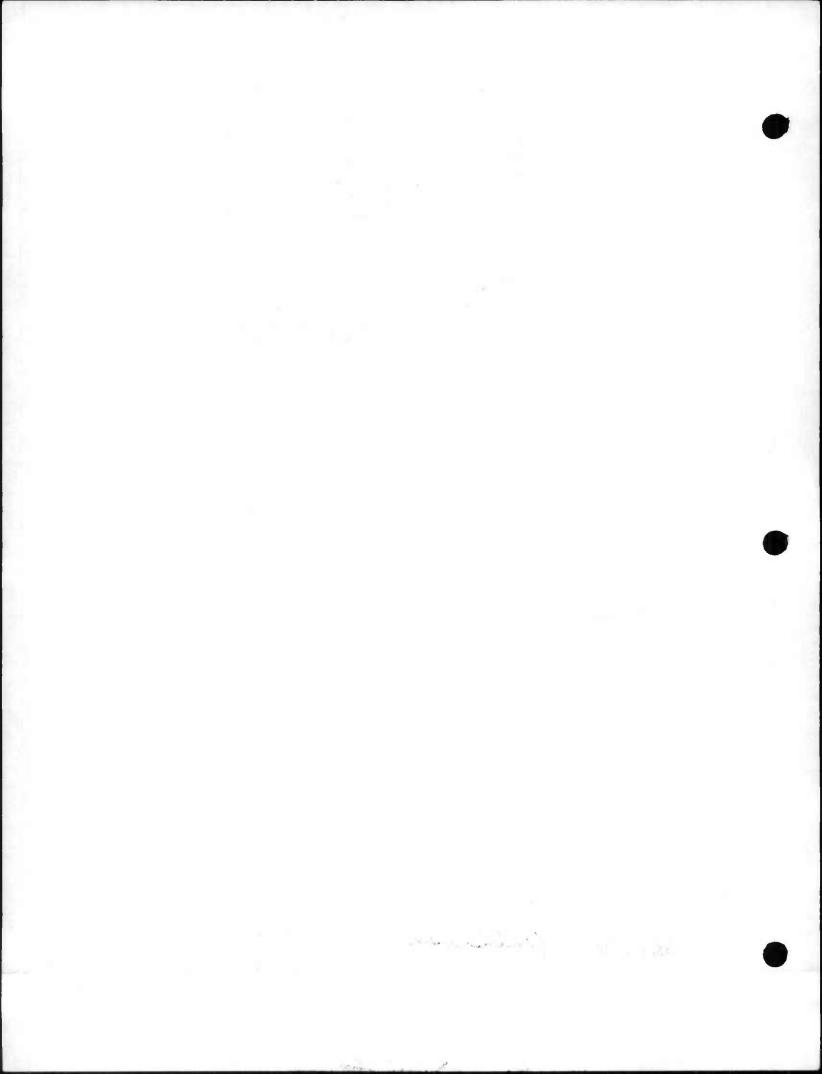
AUG 03 92

Brent mo

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN HUNTLEY HYLLIS R 1:00 Am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. June 5, 1939 579-52-1574 53 1 M 2 X F North Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH BC. COUNTY OF DEATH DIRECTOR Holy Cross Hospital Silver Spring Montgomery 10b. COUNTY Washington 10d. INSIDE CITY D. C. 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 20002 1609 Holbrook Street, N. E. United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Pr 1 YES 2 NO Specify: BY Specify: Black 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet 166. KIND OF BUSINESS/INDUSTRY tery (0-12) College (1-4 or 5+) 12 Administrative Ass't. D. C. Public Schools 17. FATHER'S NAME (First Middle Leat) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Conce Huntley, Sr. Della McManus BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lamont P. McManus 1609 Holbrook Street, N.E., Wash., DC 20002 20a. METHOD OF DISPOSITION

XX Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State X Burlel 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify) 7/30/12 Harmony Memorial Park Landover, Md. 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY R. N. Horton Co. Morticians, Inc. Xa 600 Kennedy Street, N. W 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart feilure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final umonar disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Systemic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 hrombocy topenia 1 TES 2 TO NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) ent 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 8 Could not be determined BE COMPLETED 4 Homicide 29s. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 39817 Mule Brentins 2 30. NAME AND ADDRESS OF PERSON MHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1011 N Capital St Wash DC



DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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	1. DECEDENT'S NAME (First, Middle, Lest)		1-1:	RSC	1.1			TE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. I		UNDER 1 YEAR	IF UNDER 24 HR	7. DAT	TE OF BIRTH	1 - 0	A. BIRTHE	PLACE (State or Fore
	157 20 7832	1 X M 2 □ F	62		NTHS DAYS	HOURS MIN	(Mc	onth, Day, Year)	1929	Country	w York
	9e. FACILITY NAME (If not institution, give et	,				OR LOCATION OF		C. 1	9c. COU	NTY OF DE	ATH
CTOR	Shady Grove Ad	ventist	Hosp:	italR	lockvi	ille,			Mon	ntgo	mery
2	10a. STATE 10b. COUNTY	,			OWN OR LOCA	CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF					10d. INSIDE CITY
	10a, STREET AND NUMBER			wasn		on, D.C	•				1 X YES 2 A
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SIGNATURE AND TITLE OF CERTIFIER	DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO 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P THER: Nursing Hon 28c. IN. M 1 the time, date my opinion, of	Ing cause given LACE OF DEATH (Ins. 5 Residence JURY AT ORK? YES 2 NO ca a end place, and didenth occured at the	De to the come time, de	24a. WAS A PERFC 1 YES One) Der (Specify) ESCRIBE HOW DOCATION (Street By or Town, Street ause(e) and market and place, e	N AUTOPSY RIMED? 2 NO INJURY OCC and Number anner as state and due to the	24b. 1	WERE AUTOPSY FILE MARILABLE PRIOR TOMPLETION OF CO OF DEATH? Uto Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

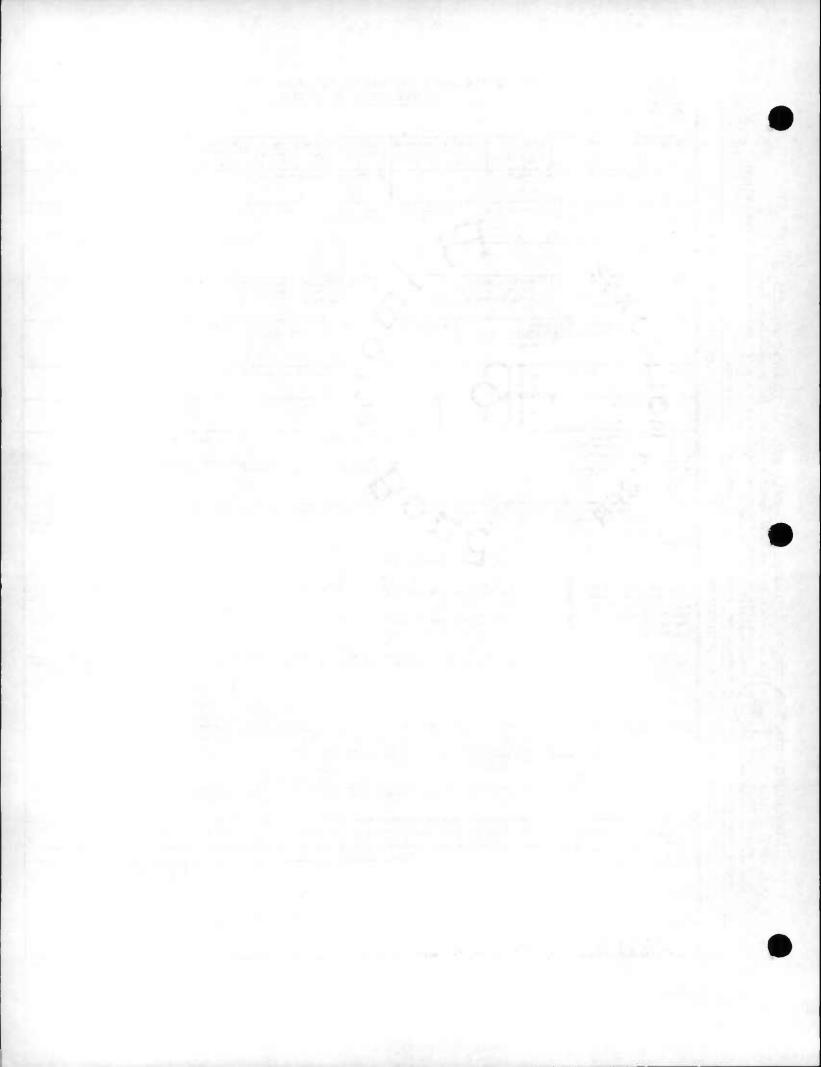
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	George William H	-		. Document								92	22619
	FOR STATE REGISTRAR	STATE OF N	IARYLAND C	/ DEPAR ERTIFI	CATE	OF H	DEAT	AND I		YGIEN EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	11 He	emph	111		0.			2. DATE OF I	DEATH	992	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY AUMBER						IF UNDER	24 HRS.	Aug.		772	A RIRTHP	12:45 a. M
	189-10-1705	1 [X M 2 [] F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day Sept.	y, Year)	1913	Country)	
_	9s. FACILITY NAME (If not institution, give s				9b. CITY,	TOWN C	R LOCATI	ON OF DE				TY OF DE	
TOP	Washington County Hospital					lage	rsto	wn			W	ashir	ngton
DIRECTOR	10a, STATE 10b. COUNT	Y		10c. CITY	, TOWN OF	R LOCAT	ION						10d. INSIDE CITY
		shington		Hag	gerst	own							LIMITS?
FUNERAL	19111 Beacon Lane					101	2174	-			USA		IAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X		H	yes, sp			HC ORIGIN? (S n, Puerto Ricer /:		or No-	14. RACE - Black, Specify	- American Indian, White, atc. : White
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. D	ECEDENT'S	USUAL OC	CUPATIO	ON .		16b, KIN	D OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8 +	- 10	Give kind of w e. Do NOT use	retired.)	unng mo	st or worker	ng .					
MP	12 years 17. FATHER'S NAME (First, Middle, Last)			anal	yst						k bro	ker	
	George Washingt	on Hemph:	i11					leic	ia R	odin			
TO BE	19a. INFORMANT'S NAME (Type/Print)						nd Number	or Rural F	Route Number, C	ity or Town	, State, Zip		
F	Esther G. Hemphil	.1		1911:	1 Bea	con	Lan	e H	agerst	own,	Mary	land	21742
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem Donation 5 Other (Specify)	oval from State		AND DATEO					8/10		thsbu		Maryland
	A. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	A		22. N Ge	ame ar	d N.	ss of fa	nich	305	N. F	otom	ac Street
	Lugar 1.	una					al H			Hag	ersto	wn, l	Maryland
J	23. PART I. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	se on each lin	e. '		the mo	de of dy	ing, suci	h as cerdiec	or respi	ratory arre	eat,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO	OR AS A CONSE	COUENCE OF	tru	cli	m	Po	ulecco	سعر	y (di se	03,
ERT	resulting in death) LAST	d											
- 1	PART II. Other aignificent condition	na contributing to	deeth but not	reculting is	n the und	lerivino	ceuse o	alven in	Part I. 24a	WAS AN	AUTOPSY	24b V	VERE AUTOPSY FINDINGS
MEDICAL			Disca							PERFOR	MED?	6	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2												1	YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	eck only one)				
PHYS	1 YES 2 NO	1 Inpatient 2 I		3 DOA	4 - Numi	ng Hom		sidencs	6 Other (Sp				
ā.	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28s. INMURY AT WORK? 1 Netural 5 Pending M 1 YES 2 NO												
2 Accident investigation 28. BLACE OF IN HIDV. As home for stock fortune office.						28t. LOCATIO		nd Number	or Rural Roi	ute Number,			
	29a. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of	my knowledge, d	eath accume	d at the tim	no dete	and plans	and due	to the sounds				
COMPLETED	(Check only one) 2 MEDICAL EXAMINE												and manner as stated.
W W	29b. SIGNATURE AND TITLE OF CERTIFIER	000	- 1				29c. LICE	NSE NUM	IBER		29d. DATE	SIGNED (Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITE	EM 27) (Type,	Print)		26	1 ()	1.		- 0/	1	71
	ABOUL WITH	EGO, MO	120	21-	OAL	E H	ilcA	VE.	HAGE	257	only	MO	21792



by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should and Mental Hygiene prior to burial, cremation, or removal. at the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certificate filed within 72 hours after death with the State IMPORTANT: It litem 28 is marked, or litem

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		CL	-0111	CAIL	T DEALH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ALBEL	THA	RRIS	ion			2. DATE OF DEATH DO NONTH DO		YEAR 3. TIME OF DEATH M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. less) 1				IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 9/14/1915				a. BIRTHPLACE (State or Foreign Country) WASHINGTON, DC	
~	9e. FACILITY NAME (If not institution, give	street end number)			96. CITY, TOV	VN OR LOCATION OF DE			TY OF DEATH	
DIRECTOR	HOWARD COUNTY GE	NERAL HOS	PITAL		COLUM	BIA		HOW	ARD	
RE	10e. STATE 10b. COUNT	Υ		10c. CITY	TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?	
	MARYLAND HOWA	RD		C	OLUMB 1				1 TYES 2 X NO	
HA	12225 LITTLE PAT	מגמ יויווששעו	DIJAW AI	pri II.	G"	101. ZIP CODE 21044			EN OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS	DECENDENT OF HISPANI	C ORIGIN? (Specify Yes		ED STATES 14. RACE — American Indian,	
BY F	1 Never Merried 2 Nomeried 3 Nover 4 Divorced	IF YES, GIVE W		10		, specify Cuban, Mexican YES 2 O NO Specify:			Black, White, etc. Specify:	
	15. DECEDENT'S EDU				JSUAL OCCUP		16b. KIND OF BUS	BINESS/INDL	WHITE	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+	life.	tve kind of w Do NOT use	ork done during retired.)	most of working				
MP	12. 17. FATHER'S NAME (First, Middle, Lest)		M/	ANAGE	R		SAL			
ECC	MARK HARRISON						SHINDER	Surneme)		
TO BE	194. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Str	net and Number or Rural R		n, State, Zip	Code)	
=	IDA R. HARRISON	(WIFE)	12	2225	LITTLE	PATUXENT			MBIA, MD 21044	
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Commentum 2 Rem 4 Donation 5 4 Other (Specify)	noval from State	20b. PLACE A	matory or oth	FDISPOSITION	Name of RIAL GARDEN	DATE 20c. LO	CATION — C	ity or Town, State	
- 1	21. SIGNATURE OF FUNERAL SERVICE LI	СЕМЯЕН	IKING	DVAID	22. NAM	E AND ADDRESS OF FAC	ILITY			
	· Jakes	The Y	Luc			ANSKY-GOLD ROCKVILLE			CHAPELS, INC. LE, MD 20852	
	23. PART i. Enter the diseeses for shock, or heart feliure.	complications that	ceused the de	ath. Do no	ot enter the	mode of dying, auch	aa cardiac Dr reapi	ratory arre	at, Approximate interval Between	
	IMMEDIATE CAUSE (Final				,,				Onset and Death	
	reaulting in death)	DUE TO	OR AS A CONSEC	SUENCE DE	O Ha	Emos sh	49 E		Days	
Z		b								
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEC	DUENCE OF):					
FI	CAUSE (Diseese or injury that initiated eventa	cDUE TO	OR AS A CONSEC	QUENCE OF):					
CERTIFICATION	resulting in deeth) LAST	d								
	PART II. Other algnificent condition	na contributing to	deeth but not n	esulting in	tha underl	ying cause given in F			24b. WERE AUTOPSY FINDINGS	
EDICAL	HYPENTEN	Sion					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ									1 [] YES 2 [] NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	<u> </u>			26	. PLACE OF DEATH (Chec	ck only one)			
SIC	EXAMINER?	tospital:	ER/Outpetlent 3		OTHER:	fome 5 - Residence 6				
E	27. MANNER OF DEATH Metural 5 Pending	26e. DATE OF (Month, Da		28b. TIME INJU	OF 26c.	INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCI	JRED	
BY	2 Accident Investigation	28e PLACE OF	F INJURY — At ho	me form et		YES 2 NO	28f. LOCATION (Street a	and Maranhan	0	
	4 Homicide 6 Could not be	building,	etc. (Specify)	, rarits, ac	reet, rectory, c	ance.	City or Town, State)	nd Number o	r Hural Houte Number,	
COMPLET	290. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of	my knowledge, de	ath occurred	d at the time,	fate end place, and due t	o the cause(s) and men	ner ee state	d.	
ŏ.	one) 2 MEDICAL EXAMINI	ER: On the basis of sa							cause(s) and menner as stated,	
H	SIGNATUME AND THE OF CERTIFIE	R				29c, LICENSE NUM		29d. DATE	SIGNED (Month, Day, Year)	
2	G HAME AND ADDRESS OF PERSON WI	O COMPLETED CAUS	E OF DEATH (ITEM	1 27) (Type	Print)	0228		7 8	-/-72	
	Legra ILS.	COVE MO	1105	5%	ttlet	Anexer !	4 60G	mBi	A MO 21044	
	31. DATE FILED (Month, Day, Year) AUG Oli 92	32. REGISTRAL	R'S SIGNATURE		· · · · · ·		U	-		
- 1	AUG 04 '92	Julia Davido	and desire	2						

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36. NAME AND ADDRESS OF

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	After th	hours after death with	Item 28 is marked, or item 23 shows any injury, or
	ä	ter	00
	DIRECTOR: A	60	2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR JOSEPH **JAMES** 12;45 HACKETT JULY 11, 1992 PM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)
APRIL 9, 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 1920 PENNSYLVANIA 164-14-7624 1 M 2 | F 72 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FREDERICK MEMORIAL HOSPITAL FREDERICK FREDERICK RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND FREDERICK THURMONT 1X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? EAST. ST. 21788 U.S.A. 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, atc.)
 T YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAT OR DATES 2 NO 1 Never Married 2 Married BY Specify: 3 Wildowed 4 Divorced WORLD WAR WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INQUSTRY (Give kind of work done during most of working life. Do NOT use retired.) ery (0-12) College (1-4 or 5 +) N/A MACHINERY & MAINTENANCE MACK TRUCK COMPANY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) **JAMES** FRANCIS HACKETT BE CATHERINE WARD 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 THERESA A. Labarge (DAUGHTER) CINDY WAY, COHOES, N.Y. 2047 20a. METHOD OF DISPOSITION
11 Burial 2 ☐ Cremation 3 ☐ Rem 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 201 Buriel 2 Cremetion 3 1 4 Donation 5 Other (Specify) BLUE RIDGE CEMETERY 7/14 THURMONT, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 615 E. MAIN ST., THURMONT, MD 21788 23-PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate shock, or heart failure. List only one cause on each line. interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Malnutrition, Dehydration Renal DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING testatic Squemous Cell Carcinoma
DUE TO (OR AS A CONSEQUENCE OF): Metastatic CAUSE (Disease or injury that initiated events resulting in death) LAST of hand PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 T NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Dinpatient 2 ER/Outpatient 3 DOA OTHER: g Home 5 - Residence 6 - Other (Specify) 4 🗌 Nural 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation М 1 YES 2 NO 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 206. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, usselberg 10

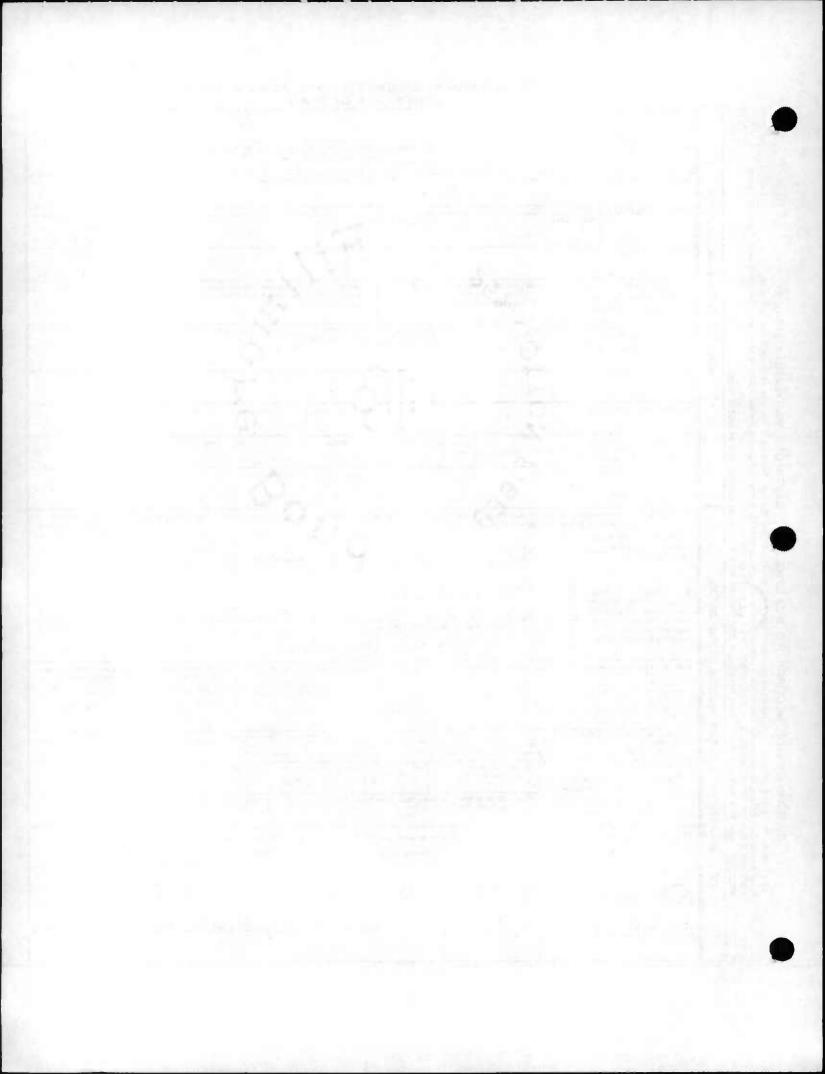
1475

HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Busselberg

Frederick

#

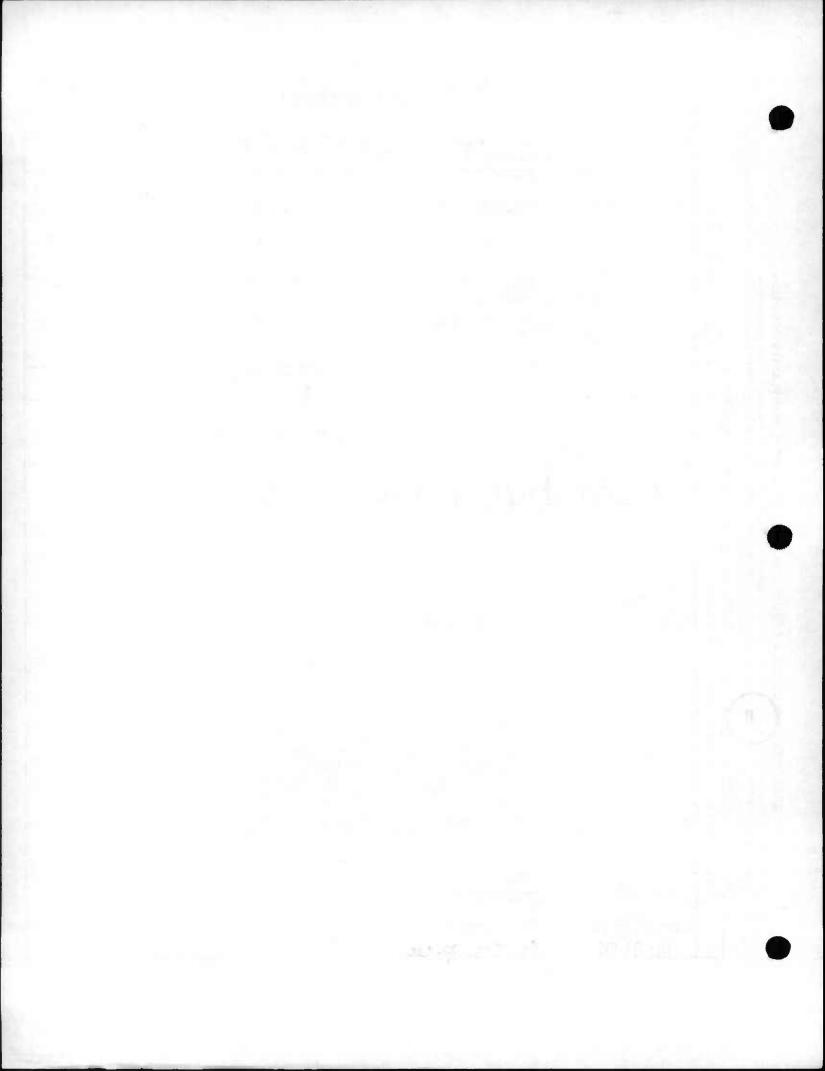


		n and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
1 1 1 1 1 1 1 1	pmysician.	burial-transit permit.	
And address of the same	or attending	or use as the	
a the hearth.	y the hospital or atte	e detached for	
a cadalinad h	e retained of	e 5 should b	
Same & man b	age o may t	director, pag	
money and supplies 24 Bonnes after dangle Bonne & money has and her than because of an annual	alle dedul.	by the funeral	in manual
nin 24 hours	IIII EN INUIS	lely filled in	nation or re
avancered with	CACCATOO WIE	and complex	to hurial cremation or remove

DIVISION OF VITAMMECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	MARYLAND 21215-0020
TO THE HOSPITAL ON ATTENDING PHYSICIAN The Law Washer that the Geath cartificant be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	retained by the hospital or attending physicia
TO THE FUNETAL URECTOR And the control of the control of the standard provided and completely filed in by the funeral director, page 5 should be detached for use as the burial-trape filed within 72 hours and detached for use as the burial-trape filed within 72 hours and detached for use as the burial-trape.	5 should be detached for use as the burial-tr
IMPORTANT: If them 28 is marked, or term 21 series any injury, or other traumatic event, the medical examiner must be notified at once.	notified at once.

STATE OF MARYLAND / DEPARTMENT OF	F HEALTH AND	MENTAL HYGIENE
CERTIFICATE C)F DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		ENTAL HYGIENE REG. NO.	J 6	66066
- 1	1. DECEDENT'S NAME (First, Middle, Las	st)				2. DATE OF DEATH		3. TIME OF DEATH
	Georgie D. Haug					August 2,	1992	2:00 pm
- 8	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. 7	Month, Day Year)	Cour	THPLACE (State or Foreign ntry)
	228-36-0714	1 M 2 F	93 VRS.		N	lov. 2/, 1	898 Vi	rginia
æ	9a. FACILITY NAME (If not institution, giv				R LOCATION OF DEAT	H	9c. COUNTY OF	
FUNERAL DIRECTOR	Calvert Manor Nu	ursing Home		Rising	Sun		Ceci	L
RE(10a. STATE 10b. COU		10c. CITY,	TOWN OR LOCATE	ON			10d. INSIDE CITY LIMITS?
۵	laryland	Harford			Aberdeen	1		1. YES 2 NO
RAI	100. STREET AND NUMBER 4 Hillman Co	na nade		101.	ZIP CODE			ed States
NE I	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13 WAS DECE	21001	ORIGIN? (Specify Yes		
F	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe	cify Cuban, Mexican, I	Puerto Rican, etc.)	Ble	CE — American Indian, ick, White, etc.
) BY	3 Midowed 4 Divorced	200.02-0.3-0.3			дриго сроску.		Spa	White
COMPLETED	15. DECEDENT'S El (Specify only highest gra	ede completed)	16a. DECEDENT'S U. (Give kind of wo life. Do NOT use	rk done during mos		16b. KIND OF BUSI	INESS/INDUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		Record	S	Hospita	1	
OM	17. FATHER'S NAME (First, Middle, Last)			Redoza		(First, Middle, Maiden S		
BE C	Carroll D. Deans	3			Mary K	. Owens		
10 B	19a. INFORMANT'S NAME (Type/Print)	2				ite Number, City or Town,		
	Brownley H. Peac			lman Co		deen, Mar	yland 2	1001
	20a. METHOD OF DISPOSITION 1X Burial 2 □ Cremetion 3XXIII	emovel from State con	PLACE AND DATE OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF DELETION OF	DISPOSITION (Namer place)	ne of		ATION — City or 1	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		live grand		ADDRESS OF FACIL		smouth,	Virginia
	* Kersten	Anul Ong	Lesbee			Funeral : yland 21	Home, P	.A.
	23. PART I. Enter the diseases, or heart fallur	or complications that cause b. List only one cause on e	the death. Do no	t enter the mod	e of dying, such a	a cardiec or reapire	atory arrest,	Approximeta
	IMMEDIATE CAUSE (Final		acii iiie.	11	10			interval Batwean Onset and Death
	disease or condition resulting in death)	· Coul	Stone	Tears	failer	_		lue
		DUE TO (PR AS	CONSEQUENCE OF):	1	U De .	1		110.40
CERTIFICATION	Sequentially list conditions,	b. QUE TO OR AS A	CONSEQUENCE OF	00	one	<u> </u>		I YIL
SAT	if any, leading to immediate cause. Enter UNDERLYING	· 41	21,50					1042
E	CAUSE (Disease or Injury that initiated events	DUE TO (OH AS A	CONSEQUENCE OF:					
ER	resulting in death) LAST	d						
AL O	PART ii. Other algnificant conditi	one contributing to deeth b	ut not reaulting in	the underlying	ceuse given in Pa	rt I. 24a. WAS AN A	WTOPSY 24	b. WERE AUTOPSY FINDINGS
S						PERFORM	IED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						/	7	OF DEATH?
ä								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. PLA	CE OF DEATH (Check	only one)		
TYS	1 YES 2 NO	1 ☐ Inpatiant 2 ☐ ER/Outp	28b. TIME		5 Residence 8		Illey course	
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	RY WOR	K? 4	8d. DEŞCRIBE HOW IN.	JUNY OCCUMED	
BY	2 Accident Investigation 3 Suicide 6 Could not b	28e. PLACE OF INJURY	— At home, farm, str			B1. LOCATION (Street arr	nd Number or Rural	Route Number,
	4 Homicide datarmined	building, etc. (Spec	ary)			City or Town, State)		
PLE	29a. CERTIFIER (Check only	YSICIAN: To the best of my know	ledge, death occurred	st the time, data a	nd place, and due to	the cause(a) and mann	or as stated.	
COMPLETED	one) 2 MEDICAL EXAMI	NER: On the beals of axamination	and/or investigation,	In my opinion, des	oth occured at the 1lm	e, deta and place, and	due to the cause	(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIF	TEN DI DO	1	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	290 LICENSE NUMBE	R	29d. DATE SIGNE	D (Month, Day, Year)
TO B	Malcul	X Mills	n Mo		1094	82-	▶ > 3	52
-	30. NAME AND ADDRESS OF PERSON V	WHO BOMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P		(a > d)			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	aTIBE	mo c	1034			
	AUC 04 '92		Andoll.					
	AU5 U4 3/	CHARO LICINOR	nandelle					



TO THE HOSPITAL OR ATTENDANG PHOSEN. The two motives that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: Any certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after certificate. The filled in by the transfer of the completely filled in by the model.

IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other tranmatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPA CERTI	RTMENT OF HEALTH FICATE OF DEAT								
FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last)	ELizabeth Hurt 3- 1992									
	722-05-2586 1	SEX 6. AGE (in yrs. last birthday	MONTHS DAVE MOURE	24 HRS. 7. DATE OF BIRTH (Month, Day, Ybar)	7	BIRTHPLACE (State or Foreign					
	PAT DY MANG (If not institution, give street AT DY MUMORIA RESIDENCE OF DECEDENT	· Lacut 1	Sh. CITY, TOWN OR LOCATION		9c. COUNTY	artord					
	10e. STATE 10b. COUNTY HOLD HOVE	num 10c. c	TY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
	100. STREET AND NUMBER 2232 Castlet	lan 2d.	OF WHAT COUNTRY?								
BY FUN	11. MARITAL STATUS	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF	F HISPANIC ORIGIN? (Specify You, Mexican, Puerto Rican, etc.) Specify:	s or No- 14.	. RACE — American Indian, Black, White, etc. Specify:					
COMPLETED E	15. DECEDENT'S EDUCATION (Specify only highest grade com	npleted) (Give kind o	'S USUAL OCCUPATION If work done during most of working use relied.)	16b. KIND OF BI	JSINESS/INDUS	B/ACK TRY					
MPL	8	College (1-4 or 5+)	mestic								
	17. FATHER'S NAME (First, Middle, Last)	SON	18. MOTH	ER'S NAME (First, Middle, Maide	Surname)						
TO BE	190. INFORMANT'S NAME (Type/Print) Leola Prespur		10 ADDRESS (Street and Number 82 Castle		vn, State, Zip,Co	Latow. MD					
	20s. METHOD OF DISPOSITION 1 Burial 2 Cramation 3 Removal 2 Donation 5 Other (Specify)	From State 200. PLACE AND DATE COMMENT COMMENTS	E OF DISPOSITION /Name of		OCATION - City						
	21. SIGNATURE OF FUNERAL SERVICE AICENS	0	22. NAME AND ADDRES	BEARI)	MINGE	2478					
	23, PART I. Enter the diseases, or com	plications that caused the deeth. Do	not enter the mode of dyin	de Grace ng, such as cardiac or reap	iratory arrest						
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	CARDIO	PULMONARY	AREST		Interval Between Onset and Death					
N	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CATI	the any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury										
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST d.										
¥	PART II. Other aignificant conditions co	ontributing to death but not resulting	in the underlying cause gi		NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
PHYSICIAN: MEDIC	- Territ, FISCUP	, HTN, GLANCE	OI A	1 🗆 YES	2 100	OMPLETION OF CAUSE OF DEATH?					
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DE	ATH (Check only one)							
YSIC	1 TYES 2 NO	OSPITAL: Inpetient 2 ER/Outpetient 3 DOA	OTHER: 4 □ Nursing Home 5 □ Res								
ву Рн	27. MANNER OF OEATH 1 Netural 5 Pending investigation	28e. DATE OF INJURY (Month, Day, Vear) 28b. TIME OF INJURY AT WORK? WORK? 28d. DESCRIBE HOW INJURY OCCURED									
	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, ferm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Number, building set, (Specific)									
COMPLETED		: To the best of my knowledge, death occur in the basic of examination end/or investigat				suse(e) end manner as stated.					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Ro-do 41		ISE NUMBER		GNED (Month, Day, Year)					
10	30. NAME AND ADDRESS OF PERSON WHO CO	4	MON AVE	HADIN	4.689	CH 2078					
	31. DATE FILE AUG IN 0.5 10892	Julia Davidson-Rando	Andrew State of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th								

Doneste BERKLEY Com 88 souls, for 111.

DIVISION OF WIAL RECORDS. P.O. BOX 68760.

BALTIMORE, MARYLAND 21215-0020	THE HOSPITAL OR ATTENDING PHYSIGAN: The Jaw Moulies that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s of tificate mis bein signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-fransit permit. Pages 1. 2. 3 should	, or removal.	medical examiner must be notified at once.	
TIAL RECORDS, P.O. BOX 68/60,	JAN: The law riquires that the death certificate be executed within 24	tificate mas been signed by the attending physician and completely fill	be filed within 72 hours after death with the State Degret of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If item 28 is marked, or NEMT-23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF	THE HOSPITAL OR ATTENDING PHYSIC	- TO THE FUNERAL DIRECTOR: After this can	be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked, o	

31. DATE FILED (Month, Day, Year)

JUL 24 92

LILA T. McCONNELL,

E AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	FOR 1 STATE	STATE OF MA	RYLAND / [DEPARTME	NT OF HEALT	H AND M	ENTAL HYGIEN	F				
	REGISTRAR	300000 00000	CE	RTIFICAT	TE OF DE	ATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH		
		HOROWITZ				JULY 20,			11:45 A	M		
	4. SOCIAL SECURITY NUMBER	1 1	AGE (In yrs. lest t	MONTH			7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHE	LACE (State or Foreign		
	059-34-9244	1 DM 2 XF	86	YRS.		1.54	9/12/190	YORK				
oc.	9a. FACILITY NAME (If not institution, give s	100	ITY, TOWN OR LOCA		тн	9c. COUNTY OF DEATH						
DIRECTOR	6111 MONTROSE ROA	AD, #516		I	ROCKVILLI	E		MONTGOMERY				
Ě	10a. STATE 10b. COUNTY	Y		10c. CITY, TOW	N OR LOCATION					10d. INSIDE CITY		
	MARYLAND MON	ROCKV	ILLE			1 K YES 2 NO						
AL	10e. STREET AND NUMBER				10f. ZIP CC	ODE		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	6111 MONTROSE ROA	AD			20852 UNITED STATES					TATES		
5	11. MARITAL STATUS	12. WAS DECEDENT E					ORIGIN? (Specify Yes	or No	or No 14. RACE American Indian, Black, White, atc.			
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR		' l	If yes, specify Cuban, Maxican, Puerto 1 YES 2 A NO Specify:			Specify:				
	15. DECEDENT'S EDUC		40. 050	1		1	WHITE					
ETE	(Specify only highest grade	completed)	(Give	EDENT'S USUAL be kind of work don Do NOT use retired	ne during most of wor	rking	16b. KIND OF BU	SINESS/IND	USTRY			
7	12	College (1-4 or 5+)		OMEMAKE	*		DOM	ESTIC				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					OTHER'S NAM	E (First, Middle, Malden				_	
BEC	JACOB BRETTSCHNEI	DER				IINNIE	STEINIG	therrun,				
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDRE	ESS (Street and Numl	ber or Rural Ro	ute Number, City or Tow	m. State, Zip	Code)		_	
2	SIDNEY HOROWITZ	(SON)					502 BETHES			20817		
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M.D., 5530 WISCONSIN AVE., #830 CHEVY CHASE, MD

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	,	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												TIME OF DEATH	
	ľ	HERMAN LEWIS HARRISON T 30 92 10:15 (A												10:15 (A H	
		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yr.	s. last bir	rthday) II	F UNDER 1	YEAR	IF UNDER 24 H		TE OF BIRTH		BIRTHPL	ACE (State or Foreign
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once.	COMPL	17. FATHER'S NAME (First, M	liddle, Last)							16. MOTHER	S NAME (Fir	st, Middle, Maiden	Surname)		
at o	ЕС	MARK HARRI	SON							YETT	CA SH	INDER			
	m	19e. INFORMANT'S NAME (7	Type/Print)			19b. M	IAILING A	OORESS	(Street o	nd Number or F	Burni Boute N	lumber, City or Tow	n Stata Zio Ci	nde)	
notified	2	SHEILA SMI		UGHTER)								MBIA, M			
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ine		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY—GOLDBERG MEMORIAL CHAPELS INC.													
хаш		1170 ROCKVILLE PIKE, ROCKVILLE, MD 20852													
le:	-	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate													
medical		shock, or heart fellure. List only one ceuse on each line.													
the m		IMMEDIATE CAUSE (FIRM)										Onset and Death			
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ī	Z I	cause. Enter UNDERLYING 5 + y 5/9													
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or 0	RTIFICATION	resulting in deeth) LAST													
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Injury,	7	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO										VERE AUTOPSY FINDINGS			
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Item 23	<u></u>	EXAMINER?	O MEDICAL	HOSPITAL:				THER		ACE OF OEAT	H (Check on	y one)			
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E	COMPL	Z MED	HUAL EXAMINE	:H: On the beele of	examination en	nd/or Invi	estigation,	in my of	oinion, d	eath occured a	at the time,	gate and place, e	na due to the	C&USO(0) (end menner se stated.
MPORTANT: #		29b. SIGNATURE AND TITLE	E OF CERTIFIE	Я						29c. LICENS	E NUMBER		29d. DATE	SIGNEO (A	Wonth, Day, Year)
MPO	BE (note	Y. XL	1875	_					D 3	715	5	▶ 7	130	192
=	5	30. NAME AND ADDRESS O	F PERSON WH	O MPLETEO CA	USE OF OEATH	(ITEM 2	27) (Type, P	rint)				****	-	-	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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IMPORTANT: If II

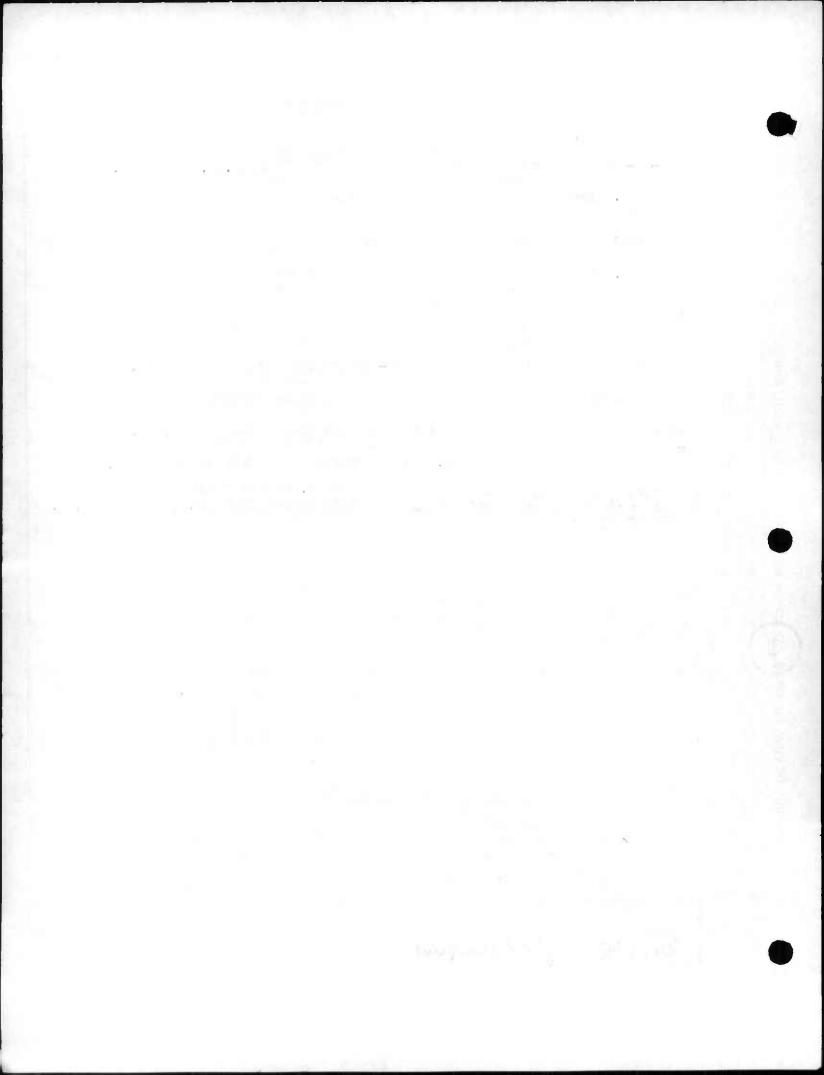
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR PAUL W. HOWES AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign JAN . 31, 1910 213-01-6806 1 X M 2 | F 82 VRS HOURS MD. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4324 Mt. Olney Lane FUNERAL DIRECTOR Olney Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Olney 1 YES 2 X NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4324 Mt. Olney Lane 20832 USA WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noff yea, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Pu 1 YES 2 NO Specify: IF YES, OIVE WAR OR DATES Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 8 OWNER - MASTER PLUMBER PLUMBING CO. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN HOWES MAMIE WACHTER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) PAUL ALLEN HOWES 1610 GOLD MINE ROAD BROOKEVILLE, MD. 20833 20s. METHOD OF-DISPOSITION

1 Burisi 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE MT. CARMEL CEMETERY 8/6 | SUNSHINE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MURIEL H. BARBER FUNERAL HOME Muri 20882 21525 LAYTONSVILLE RD. LAYTONSVILLE, MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest. Approximeta ahock, or heart failure. List only one ceuse on each line. Interval Batween IMMEDIATE CAUSE (Final Onaat and Death CANDIAZ ARREST disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):

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DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING end Stage rend discour CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PART II. Other algorithmat conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF 28d. OEȘCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M BY 2 Accident Investigation 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicida 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

Applications of the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 La MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER DR. RAYMOND BASS BE 29c. LICENSE NUMBER 29d. DATE SIONEO (Month, Day, Year) Leymol Den MID D21340 ▶ 8-3-92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3941 Fell wich 20906 Wheaton

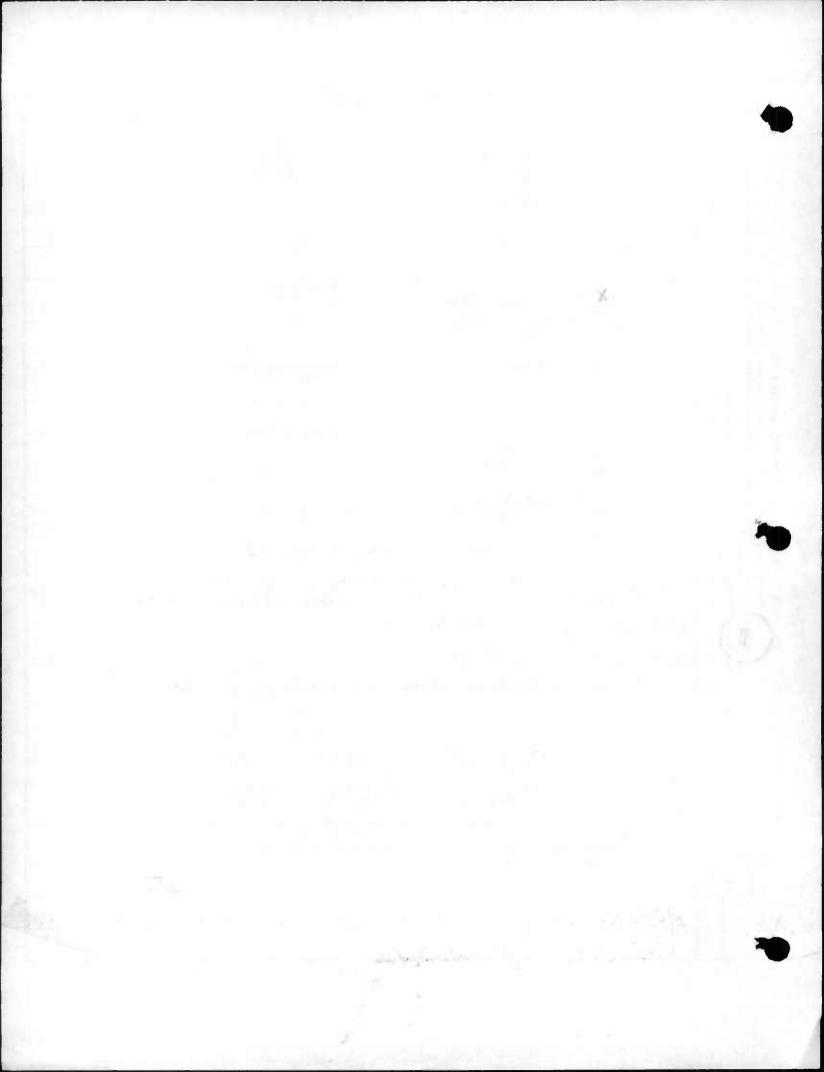


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	579-03-0311	1 □ M 2XXF	6 YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		1905 N	BIRTHPLACE (State or Foreign Country). Orth Carolina			
DIRECTOR	99. FACILITY NAME (If not institution, give street Prince George's Horizotte of Decedent			Cheve	rly	EATH	Prince	of DEATH e George's			
	*	e George's		town on Locat Lege Pa	rk			10d. INSIDE CITY LIMITS? 22 YES 2 NO			
FUNERAL	5216 Paducah Roa			101	of what country? d States						
₽	XX Widowed 4 Divorced	1 Never Merried 2 Merried FORCES? 1 YES 22 NO					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 XX O Specify:				
PLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	6a. DECEDENT'S US (Give kind of work life. Do NOT use in ACCOUNTIN	rk done during mos retired.)	st of working	166. KIND OF BUS	overnme				
at once.	17. FATHER'S NAME (First, Middle, Last) Elmer Gatling	L Vear	100001.000	19 1001	18. MOTHER'S NA	ME (First, Middle, Meiden Thompson		210			
TO B	190. INFORMANT'S NAME (Type/Print) Virginia Blankens	ship		DORESS (Street at	nd Number or Rural I	Route Number, City or Town	n, State, Zip Code	e)			
r must be	20a. METHOD OF DISPOSITION XX Burlel 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of commetery, or other place) Fort Lincoln Cemetery 8/4/1992 Brentwood, Maryland										
medical examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DONALD V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Md. 20705										
the medica	23. PART I. Enter the diseases, or complication that caused that death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (or AS A CONSEQUENCE OF): OUE TO (or AS A CONSEQUENCE OF): OUE TO (or AS A CONSEQUENCE OF):									
23 shows any inju AN: MEDICAL	PART II. Other algoriticant conditions of femule Qu	contributing to death but	cause given in	Part I. 24s. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES XX NO					
SICI,		IOSPITAL:		THER:	ACE OF DEATH (Che						
marked, or BY PHYS	27. MANNER OF CEATH 1 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Yeer)	28b. TIME O	F 28c. INJU	JRY AT	8 Other (Specify) 26d. DESCRIBE HOW IN	IJURY OCCURE	D			
28 IS	2 Accident investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, term, street	et, fectory, office		281. LOCATION (Street et City or Town, State)	nd Number or Ru	iral Route Number,			
을 건	29e. CERTIFIER 1 CERTIFYING PHYSICIAL (Check on MEDICAL EXAMINER: C	N: To the best of my knowledg On the basis of examination en	je, death occurred a nd/or investigation, is	it the time, date on my opinion, de	ath occured at the	to the cause(e) and meni	ner es stated. I due to the cau	ise(e) end menner ee stated.			
TO BE COM	Tolly March				29c. LICENSE NUM	yo BER	Pod. DATE SIG	(Month, Day, Year)			
	Settle M Sugar	COMPLETED CAUSE OF DEATH	suo an	een/w	my Chr	Dr avez	reli	M1020720			
	AUG 03 92 &	REGISTRAR'S SIGNATU	LEL								

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ECORDS,	spares that the	in signed by the
DIVISION OF VITAL RECORDS, P.O. B.	HE HOSPITAL OR ATTENDING PHYSICAN The law requests that the safe certifical	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physical
NOISINIC	OR ATTENDING PI	DIRECTOR: After th
	E HOSPITAL	E FUNERAL
	7	7

	REGISTRAR				CENTI	FICAL	E UF	DEATH		REG. NO.			
-	1. DECEDENT'S NAME (First,	Middle, Last) JACC	DRS ALF	RED	BYRO	N J	ACOB	S	MONT	-		YEAR	. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER		S. SEX	4 ACE //-	for a black of				JUL				11:40
					rs. lest birthday	MONTHS.	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTN h, Day, Year)		Country)	LACE (State or Foreig
	108-03-0040		M 2 □ F	83	YRS.				FEB	. 11,	1909	NEW	YORK
- 1	9a. FACILITY NAME (If not ins	titution, give stree	et and number)			9b. CIT	Y, TOWN	OR LOCATION OF I	DEATH	ne-salt	9c. COUNT		
CTOR	MONTGOME	RY GEN	ERAL H	OSPT	TAT.		OLNE	Z.V.			MONI	MERY	
5	RESIDENCE OF DECI	EDENT									L.FIOIV.	LOOK	
RE		10b. COUNTY			10c. C	ITY, TOWN	OR LOCA	TION				1	IOd. INSIDE CITY
DIR	MARYLAND	M	ONTGOME	RY		SIL	VER	SPRING				1	YES 2 NO
AL	10e. STREET AND NUMBER							r. ZIP CODE			10g. CITIZE	N OF WH	IAT COUNTRY?
EB	3207 SOUT	H LEISU	RE WORL	D BOII	LEVARD)		209	106		USA		
FUNER	11. MARITAL STATUS		2. WAS DECEDEN	T EVER IN U.S	S. ARMED		. WAS DEC	CENDENT OF NISP		I? (Specify Yea			- American Indian.
	1 Never Married 2	Married	FORCES? 1 IF YES, GIVE W	YES 2	NO NO		If yes, sp	pecify Cuban, Mexic	can, Puerto			Black,	White, atc.
ВУ	3 Widowed 4 Divor	ced	11 125, GATE 11	WWII			1 1 169	NO Spec	ary:			Specify:	
ETED	15. DECE	DENT'S EDUCAT	TION	16:	a. DECEDENT	S USUAL	OCCUPATION	ON	168	KIND OF BUS	SINESS/INDUS	STRY	WHITE
E	(Specify only Elementary/Secondary (0-	highest grade co	mpleted) College (1-4 or 5 -		(Give kind o	work done use retired.	during mo	ost of working			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7	12	'2'	College (1-4 or 5 4	"	FIRE	MAN			1	ית שמדי	יים או	121.7 3	ODI OTM
COMPL	17. FATHER'S NAME (First, Mic	idle Leet)			TIME	LIELLY		Las recruences				EW Y	ORK CIT
	ALFRED	WOOD	TACOD	C				18. MOTHER'S N					
BE			JACOB	٥					MARY	FLYN			
10	19a. INFORMANT'S NAME (Ty)		-					and Number or Rura					
-	VIRGINIA L.	LECLAI	K		207	ST.	JAMES	S CIRCLE	, KIN	STON,	NC 2	8501	
	20a. METNOD OF DISPOSITION		al Iron State		ACE AND DAT	E OF DISPO	SITION /NO		DAT	_	CATION — CI		
	4 Denation 5 Other		II Irom State	Cemeter Mal	y, crematory or	Total) Pranc	s. Cemete	rst7/3	O Chel	tenha	m N	ID.
- 1	21. SIGNATURE OF PUNERIAL	SERVICE-LICEN	CSEE		7 10010	22	MAME A	UNIVERSI	ACUITYD T	AL L	T OT	T C	D 15000
	1/2 h 1	10	0			177	ANTO	DMIARVST	TI DI	νυ., w	, SI	L. 5	P,MD209
	23. PART I. Enter the dis	201	week					IS J. CO					INC.
RTIFICATION	Sequentially list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injurthat Initiated events	iste iG y c		(OR AS A CO			CHA	PAILU. RDIOVA COROVASI	SULA	AR DI	gwb ScHS.	Ē	
CE	reaulting in deeth) LAST	d.											
MEDICAL	PART II. Other algoritican							g cause given in		24a. WAS AN PERFOR	MED?	0	VERE AUTOPSY FINE MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? YES 2 NO
ž													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?		IOSPITAL:			ОТНЕ		LACE OF DEATH (C	heck only or	10)			
1S	1 TES 2 NO		Cinpatient 2	ER/Outpatle	nt 3 🗆 DOA			ne 5 🗆 Residence	8 Othe	r (Specify)			
H	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. T	ME OF	28c. INJ	JURY AT ORK?	28d. DE	CRIBE NOW I	NJURY OCCU	RED	
PY I	1 Netural 5 P	ending restigation			"	М		YES 2 NO					
0	3 Suicide 8 C	ould not be	28a. PLACE O	F INJURY — I	At home, ferm	, street, fa	ctory, offic	te	28f. LOC	ATION (Street a	and Number or	Rural Ro	ute Number,
	4 Homicide de	etermined		, opoony)					City	or Town, State)			
ا و	290. CERTIFIER CERTIF	FYING PHYSICIA	N: To the heat of	my knowledge	a doub on	mad et als	time de	and place, end du					
COMPL	amal												cr. Research
8		-	on the page of 81	ARTHRESTON BN	wor investiga	поп, іп ту	opinion, d	death occured at th	e Time, date	and place, and	d dua to the o	cause(a) i	and manner as stat
ш	296. SIGNATURE AND TITLE	OF CENTERIN	1/	^				29c. LICENSE NU	JMBER .		29d. DATE S	SIGNED (fonth, Day, Year)
8	166	121	Die	hund	& h	6		2059	74-1		101	ya	1199
2	30. NAME AND ADDRESS OF	PERSON WNO	COMPLETED CAUS	SE OF DEATH	(ITEM 27) (Typ	oe, Print)	_					~	
	ABBERT	L. KE	CHMA	1R mx	33	51	167	SURE W	med	BUNDS	hera	Sign	Would
	31. DATE FILED (Month, Day, Y	90 <i>r</i>)	32. REGISTRA	R'S SIGNATU							- 4		
	第0 つっ	F00	10.	Devide	•								
	- July 29	O.C.	grusa	Mondy	1-11-0	482-							Butter
					-								DHMH-18



ury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Least TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 Is marked, or Item 23

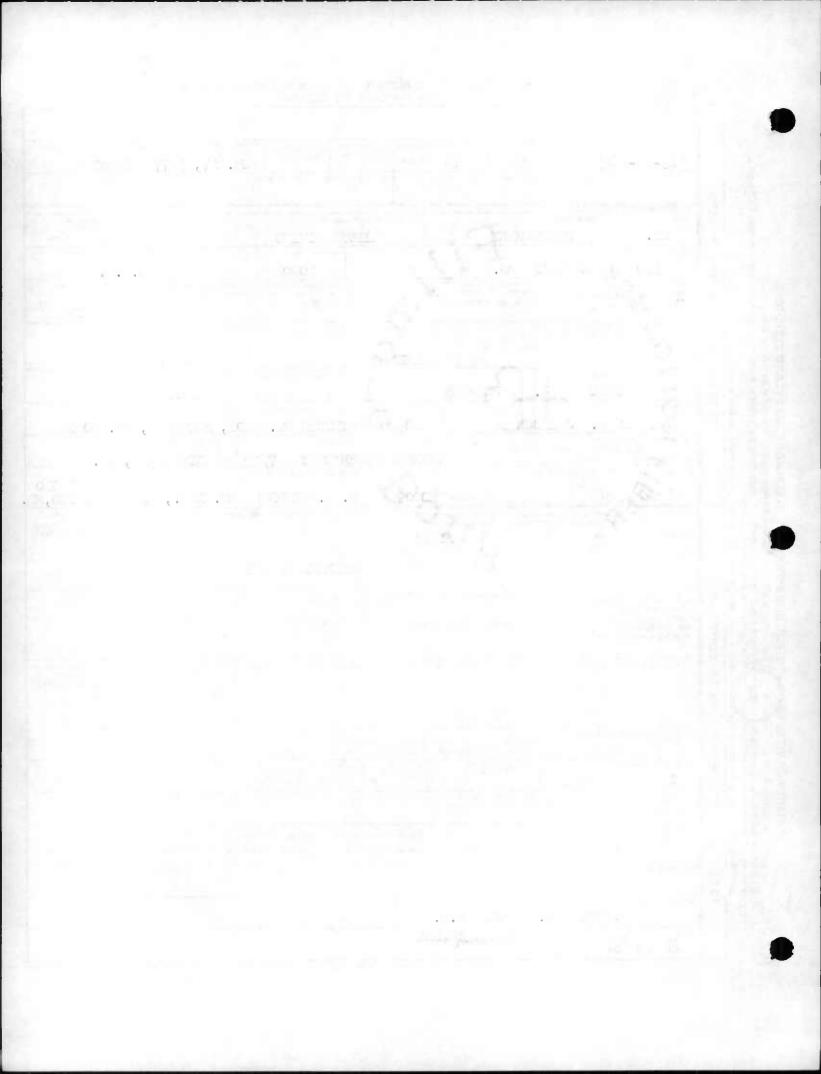
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN		26 666			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	-	3. TIME OF DEATH			
	Froe Leen Jenkir					July 30		7:15P M			
	4. SOCIAL SECURITY NUMBER	4 Clus IVe	MO MO	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)			
								Mest Virginia			
œ	9a. FACILITY NAME (If not institution, give alreet and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN Bethesda Retirement & Nursing Center Chevy Chase Montgomery										
65	RESIDENCE OF DECEDENT						Mont	gomery			
DIRECTOR	10a. STATE 10b. COUNTY			OWN OR LOCATI	ION			10d. INSIDE CITY LIMITS?			
	Maryland Monto	gomery	Bethe	1				1 YES ZXX NO			
FUNERAL	4507 West Virgini	in Assemble			ZIP CODE			N OF WHAT COUNTRY?			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	N U.Ş. ARMED		0814 Endent of Nispan	NIC ORIGIN? (Specify Ye		d States			
BY F	1 Never Married 2XXMarried 3 Widowed 4 Divorced	FORCES? 1 YES	2/L/NO	21.2NO If yes, specify Cuban, Maxican			DATE OF	Black, White, etc. Specify:			
				1				White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of work life. Do NOT use re	k done during mos		16b. KIND OF BU	ISINESS/INDUS	TRY			
PLE	Elementary/Secondary (0-12)	College (1-4 or 8+)	Homemake		smaker	Own Ho	me				
OM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden					
ш	William Wooddell				Jessie	Gladwell					
TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street an	nd Number or Rural F	Route Number, City or Tov	vn, State, Zip Co	ode)			
-	Margaret J. Betts					#204W, Bet					
	20e. METNOD OF DISPOSITION 1 □ Burlal 2 ② Cremation 3 □ Remo 4 □ Doggston 5 □ Other (Specify)	oval from State 20b	o. PLACE AND DATE OF D netery, cremetory or other ONTGOMERY	DISPOSITION (Nan placa)	ne of 7/31/9	92 DATE 20c. LC					
	21. SIGNA FUNERAL SERVICE LIC	ENSEE	nicgomery	22. NAME AN	D ADDRESS OF FA	GUTY Pohert	hesda,	Maryland mphrey Funeral			
	· DavidE.	leny.	M00803	Home/E	Bethesda.	-Chevy Cha	ase, In	c. 7557			
	23. PART I. Enter the diseases, or c	complications that caused	the death. Do not	enter the mod	le of dying, suc	h as cardiac or reap	iratory arrest	t, Approximata interval Batween			
	IMMEDIATE CAUSE (Final disease or condition CARCINOMA OF DREAST										
	resulting in death)	***		/ JREA	21						
		DUE TO (OR AS A	CONSEQUENCE OF):	/							
ŏ.	Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CAT	cause. Enter UNDERLYING										
E	CAUSE (Disease or Injury that Initiated events Due TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST	d									
AL C	PART II. Other significant conditions	a contributing to death b	ut not resulting in t	he underlying	cause given in			24b. WERE AUTOPSY FINDINGS			
DIC.						PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ME								1 TES 2 NO			
PHYSICIAN: MEDIC											
IC.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	THER:	ACE OF DEATH (Che						
14S	1 TYES 2XXNO 27. MANNER OF DEATN	1 Inpatient 2 ER/Outp	28b, TIME O	(2) Nursing Home		8 Other (Specify)	III III OOOIIO				
	1X Netural 5 Pending	(Month, Day, Year)	INJURY	Y WOR		28d. DESCRIBE HOW	INJUNY OCCUR	RED			
BY	2 Accident Investigation 3 Suicida 6 Could not be	28s. PLACE OF INJURY	— At home, farm, etre			28f. LOCATION (Street and Number or Rural Route Number,					
COMPLETED	4 Homicide determined	building, etc. (Spec	1			City or Town, State,	,				
Z 1	29a. CERTIFIER (Check only	CIAN: To the test of me know	edge, death occurred a	it the time, detair	and place, and due	to the cause(s) and ma	nner as stated.				
S I	one) 2 MEDICAL EXAMINE	R: On the plant of examination	and/or investigation, in	n my opinion, de	eth occured at the	time, data and place, as	nd dua to the ci	ause(a) and manner as stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFUE	7/110 1			29c, LICENSE NUM		29d. DATE St	IGNED (Month, Day, Year)			
10		200			D164	91	Ju	ly 31, 1992			
- 1	30. NAME AND ADDRESS OF PERSON WHO										
	Joel L. Goozh, M. 31. DATE FILED (Morith, Day, Year)	D. 4701 Ran	idolph Road	d, #105	, Rockvi	ille, Mary	land	20852			
	AUG 03 92	32. REGISTRAR'S SIGN	Harlie R.								

Market Committee of the

10, 20 37

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The lawy equires that the death certificate be executed within 2ª nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has see turned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Depth of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Nem 28 is marked, or Nem 23 shows. and Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The 18	TO THE FUNERAL DIRECTOR: After this certificate has	be filed within 72 hours after death with the State De	IMPORTANT: If Item 28 is marked, or Item 2;

REGISTRAR 1. DECEDENT'S NAME (First, Middle, L	not)	CEH	HIFIC	AIE OF	DEATH		REG. NO			
KATHLEEN	D.			JOHN	ISON	2. DATE MONT	e of DEATH D	199	YEAR	3. TIME OF DEATN 4:56 A
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest bir		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTN			PLACE (State or Foreign
213-92-5623	1 🗌 M 2 💢 F	14	YRS.	NTHS DAYS	HOURS MIN.		27,	1977		ARYLAND
98. FACILITY NAME (If not institution,				. CITY, TOWN	EATN		9c. COUNTY OF OEATH			
HOLY CROSS HO			S	SILVER	MONTGOMERY			ERY		
RESIDENCE OF DECEDEN 10a. STATE 10b. CO		11	Oc. CITY TO	DWN OR LOCAL	TION					10d, INSIDE CITY
MD.	MONTGOMERY				SPRING					LIMITS?
10a. STREET AND NUMBER	**************************************				I. ZIP CODE	_		I 100 CITIZ	ZEN OF W	HAT COUNTRY?
3100 GRACE	FIELD RD.				20904			1.17	U.S.	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED)	13. WAS DEC	ENDENT OF HISPA	NIC ORIGI	N? (Specify Yes		14. BACE	- American Indian
1 X Never Married 2 Married	FORCES? 1	YES 2 NO		If yes, sp	ecity Cuban, Mexica 2 NO Specif	n, Puarto	Rican, etc.)		Black Specif	, White, etc.
3 Widowed 4 Divorced					37.					WHITE
15. OECEDENT'S (Specify only highest)		(Give A	kind of work	UAL OCCUPATION	ON ost of working	16	b. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+) life. Do	NOT use re	tired.)				77.0.0=		
		Si	UDEN	IT.				HOOL		
7. FATHER'S NAME (First, Middle, Last ROBERT		TINGON			18. MOTHER'S NA					
RUBERT 96. INFORMANT'S NAME (Type/Print)	E. JO	HNSON				VE		ALLY		
	TOUNGON				and Number or Rural					
ROBERT E.	JOHNSON		10500		OUTH ST.					
☐ Burtel 2 💢 Cremation 3 🗆	Removal from State	20b. PLACE AND cemetery, cremete CHAN	ory or other	place)	ame of	OA.		CATION —		
□ Donation 5 □ Other (Specify)		CHAM	ABERS		TORY 7 ND ADDRESS OF FA	/29/	92 RI	VERDA	LE.	MD.
10/10/1	Romald	udal June	1001							2093
22 DART I Felor the discours	1 willer	1,700		1.7	T.T CITT A NATO	77770	AA TN1	0	NOT 2 22	
shock, or heart fells	or complications that ure. List only one ceus	caused the death	. Do not	enter the mo	W. CHAMB	ERS	CO. IN	C., S	ILVE	Approximate interval Betw
shock, or heart felli iMMEDIATE CAUSE (Final disease or condition resulting in death)	aDUE TO	caused the death	. Do not	enter the mo	W. CHAMB	h es cer	CO. IN	C., S	LLVE	Approximate interval Betw
shock, or heart felli immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (caused the death se on each line. APNEA PREA OR AS A CONSEQUE	NCE OF):	enter the mo	ode of dying, suc	h es cer	CO. IN	C., Siratory arre	CLVF	Approximate interval Betw
shock, or heart felling immediate cause. Enter Universiting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (caused the death se on each line. APNEA OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	NCE OF):	CERE	BRAL PA	LSY	diec or resp	AUTOPSY	est,	Approximate interval Betwoen and Do
shock, or heart felling immediate cause. Enter Universiting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (caused the death se on each line. APNEA OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	NCE OF):	CERE	BRAL PA	LSY	diec or resp	AUTOPSY	est,	Approximate interval Betw Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onse
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Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Pisease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	b. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. 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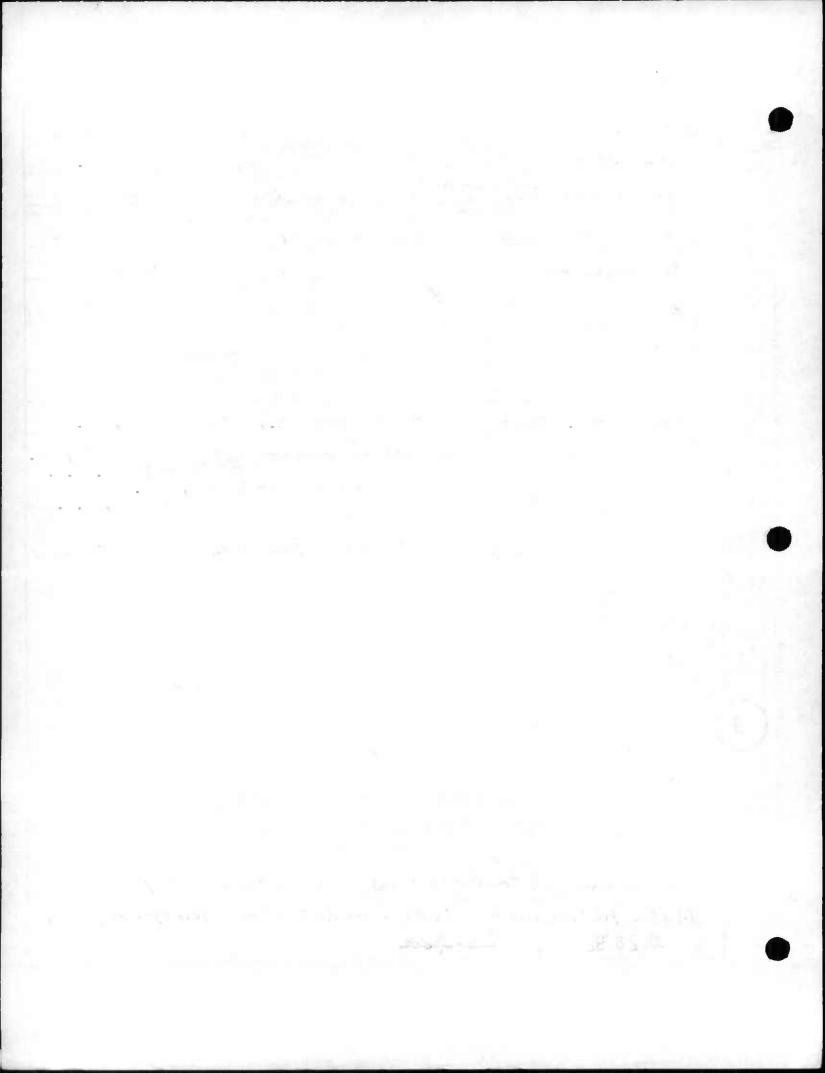


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		1. DECEDENT'S NAME (First		1.0							2. DATE OF DEATH		3	L TIME OF DEATH
		VIOLET H.	Koth	(0							7/25/0	- 4	2	4 Pm
		4. SOCIAL SECURITY NUM		5. SEX	8. AGE (I	in yrs. lest birth	MONTH	ER I YEAR	# UNDER	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		. BIRTHPL Country)	LACE (State or Foreign
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	MPLE	29a. CERTIFIER	IFYING PHYSK	CIAN: To the best of	my knowle	edge, death o	curred at the	time, dat	e and place,	, end due to	the cause(s) and mar	mer as stated		
THE HOSPITAL THE FUNERAL filed within 72 i	COM										na, date and place, en			nd manner as stated.
THE HOSPI THE FUNE filed within	BEC	295 SIGNATURE AND TITLE	OF CERTIFIER	01	0	1.			29c. LICE	ENSE NUMBE	ER	29d. DATE S	SIGNED (M	fonth, Day, Year)
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The Benedicting that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been accept by the attending physician and comple be filed within 72 hours after death with the State Dept. or Health and Alexan Ingress prior to burial, ore
OF VITAL REGO	PHYSICIAN: The law squires th	his certificate has been servith the State Dept. or Health
DIVISION	TO THE HOSPITAL OR ATTENDING F	TO THE FUNERAL DIRECTOR: After to filed within 72 hours after death

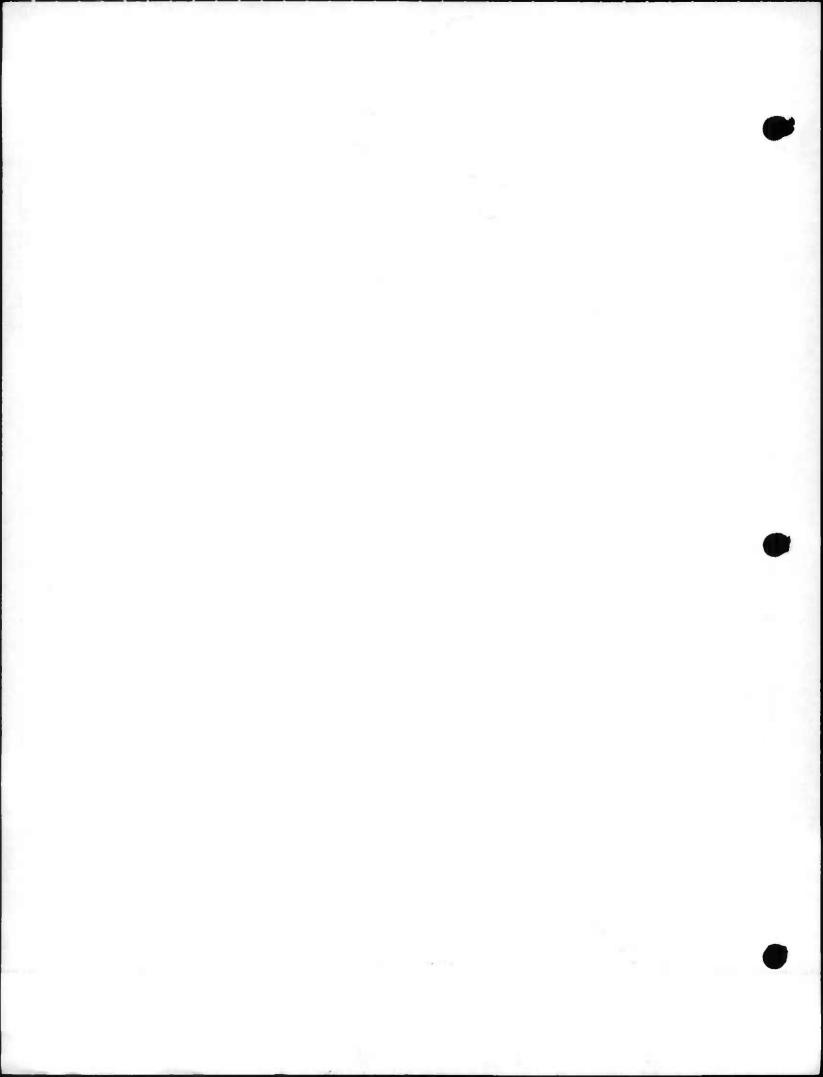
_		1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPART	MENT OF H	EALTH AN	D MEN	REG. NO.	E	bons	
	1	1. DECEDENT'S NAME (First, Middle, Last) £ 45/£	R.			KEIT		2. I	DATE OF DEATH DA	7 7	YEAR 3. TO	IME OF DEATH
	j)	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. la	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HE	RS. 7. C	DATE OF BIRTH	-	BIRTHPLAC	E (State or Foreign
		244-14-4644	1 □ M 2 🕁 F	83	YRS.	MONTHS DAYS	HOURS MI		Month, Day, Year) Y 23, 19		Country)	
		9s. FACILITY NAME (If not institution, give st	treet and number)	03		96. CITY, TOWN C	R LOCATION O		1 23, 19		Y OF DEATH	CAROLINA
	DIRECTOR	HOLY CROSS HOSP	ITAL	SILVER SPRING				iG			NTGOM	ERY
	<u>E</u>	10a. STATE 10b. COUNTY	,		10c. CITY	TOWN OR LOCAT	ION					INSIDE CITY
		MARYLAND MON	TGOMERY		SILV	VER SPRI					1 🗆	LIMITS? YES 2 NO
	FUNERAL	10800 GEORGIA AVE					2090			USA	N OF WHAT	COUNTRY?
	5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF	NO COMP	13. WAS DEC	ENDENT OF HIS	SPANIC OF	RIGIN? (Specify Yes erio Rican, etc.)	or No- 1	4. RACE - A	merican Indian, te, etc.
	B	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAI				2 A NO S		evillo virtuali, esting		Specify: WHITE	
- 1		15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	10	live kind of w	USUAL OCCUPATION OF BOTH OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF TH			16b. KIND OF BUS	INESS/INDU	STRY	
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6	COMPL	6			CLE	RK			FEDERA	L GOV	ERNME	TV
once.	8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	S NAME (F	First, Middle, Maiden	Sumame)		
d at	BE	WILLIAM GREEN RA	Y				COR		DIANA	ELDR		
notified	2	19a. INFORMANT'S NAME (Type/Print)						ural Route	Number, City or Town	, Stinte, Zip C	ode)	
pe n		LURAY MCHARGUE	(DAUGHT	7		INWOOD A			VER SPRI			
must		20a, METHOD OF DISPOSITION 1	oval from State	cemetery, cre	matory or oth			1			ty or Town, S	
		4 Donation 5 Other (Specify)	NSFF	FORT	LINCO	OLN CEME	TERY D ADDRESS OF	17 E EACH IT	/30 BREN	TWOOD	, MARY	LAND
examiner		X \ \ Z	0						NS FUNER	AL HO	ME, II	NC.
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the m	1	IMMEDIATE CAUSE (Final disease or condition		1				1	1 /		20 3	Onset and Death
7.		resulting in death)	. Cla	16	nec	oca	raci	al	jula	204	SM.	2 jurs
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er traumatic	₹ I	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c				new;		ause	ass		1900
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3929 FERRARA DRIVE WHEATON, MD 20906

GEORGE F. 31. DATE FILED (Month, Day, Year) 30 '92

SENGSTACK, M.D. 3929
(x. Voor) 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

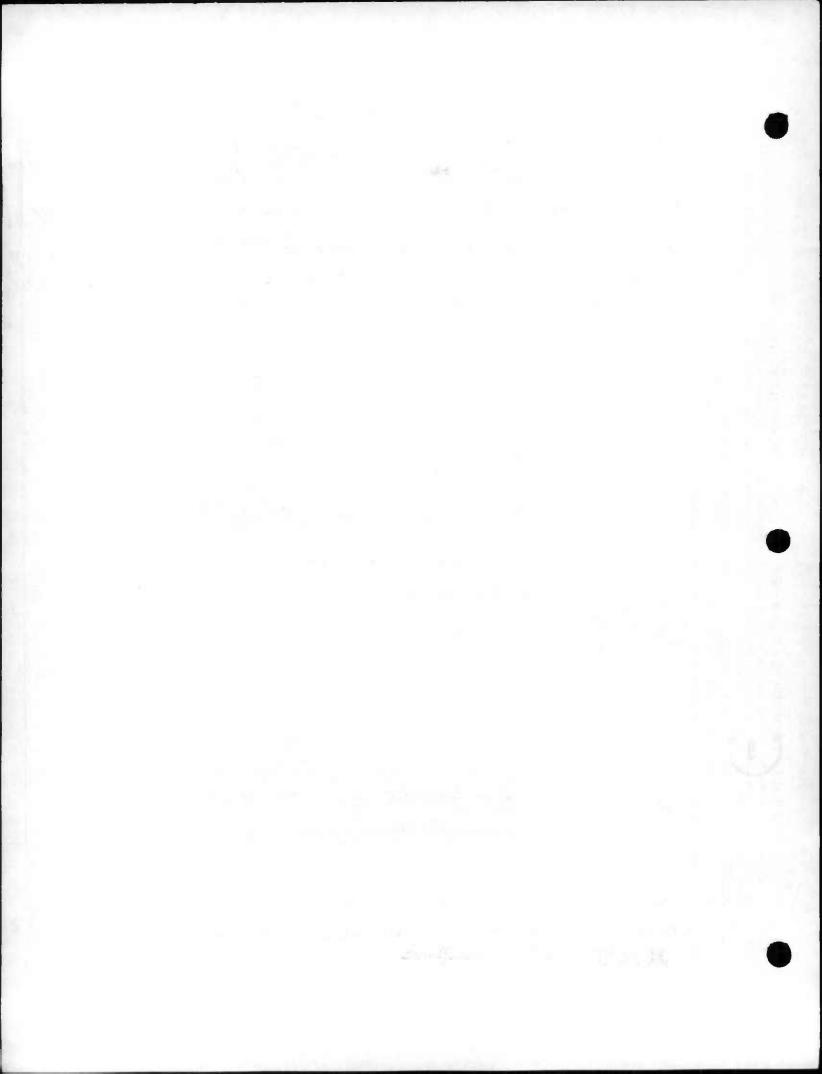


DIVISION OF WITH RECORDS, P.O. BOX 68760,

DIVISION OF TITAL
TO THE HOSPITAL DR ATTENDING PHY COM: The INTO THE FUNERAL DIRECTOR: After the commence of filed within 72 hours after clean's within 5 Size Dy
IMPORTANT: If item 28 is manned, or 72

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DR ATTENDING FINAL The Line requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	DIRECTOR: Any management of the attending physician and completely filled in by the funeral director, page 5 should be detach		item 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last)	ski			2. DATE OF DEATH DA	YEAR					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (1 ☐ M 2 ☐ M 2 ☐ M	(In yrs. last birthday)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 25 7. DATE OF BIRTH (Month, Day, Year) 7 28 /	8. BIR	THPLACE (Stetle or Foreign intry)				
CTOR	9e. FACILITY NAME (If not institution, give street and number) 4601	91	B. CITY, TOWN O	C HA	EATH SE	SC. COUNTY OF	TGOMBRY				
L DIRECTOR	10e. STATE 10b. COUNTY MD MONTGO MER 10e. STREET AND NUMBER		THE S	JAA.	HASE	10d. INSIDE CITY LIMITS? 1 LIMITS 2 NO					
FUNERAL	4601 N. PARK AV	20815	20 87 C U.S.A. IDENT OF HISPANIC ORIGIN? (Specify Yea or No								
ED BY F	1 ☐ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced FORCES? 1 ☐ YES GIVE WAR OR DA	2 ZNO ATES	If yes, spe	24 NO Specify	n, Puerto Rican, etc.)	Spe	CE — American Indian, sck, White, atc. White				
COMPLETE	(Specify only highest grade completed) Elementary/Secondary (0-12) Not Available	16e. DECEDENT'S US (Give kind of work life. Do NOT use re Choreogr	k done during mos etired.)	N st of working	166. KIND OF BUS						
Š	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Meiden S						
ш	Marku Nirenstein					(Unknown	1)				
10 B	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Town						
-	Dr. Jan Karski	4601 N.	Park A	Ave., #1	109, Chevy	Chase,	MD 20815				
	4 Donation 6 Other (Specify)	p.PLACE AND DATE OF D metery, cremetory or other Mt. Comfor	t Crema	atory	7-29 Alex	xandria,					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		JOSEI 5130	Wisc. A	R'S SONS, : ve., NW; Wa	ash., DO	20016				
	23. PART I. Enter the diseases, or complications that caused shock or heart failure. List only one cause on a	I the death. Do not ach line.	enter the mod	de of dying, suci	h aa cardiac or reapir	atory arrest,	Approximate				
	immediate Cause (Final disease or condition resulting in death) ■ MULTIPE TRAUMA Due to (or as a consequence or):										
NOI	Sequentially list conditions, b. DEPRESSIEN INDEF										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
SER	d										
MEDICAL (PART II. Other algnificant conditions contributing to death but	ut not resulting in t	he underlying	cause given in	Part i. 24s. WAS AN A PERFORM	MED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
₩ W					_		1 TYES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN:	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Output		THER:	ACE OF DEATH (Che							
Η	27. MANNER OF DEATH 26s. DATE OF INJURY	26b. TIME OF			6 Other (Specify) 28d. DESCRIBE HOW IN	ILIBY OCCUBED					
ВУР	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	13 (1)	WOR	ES 2 DINO	11 0000						
	3 4 Suicide 280. PLACE OF INJURY	- At home, farm, stree	et, factory, office		261. LOCATION (Street ar		Route Number,				
	4 Homicide determined building, etc. (Special	City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of axamination	iedge, death occurred at	t the time, data a	and place, and due	to the cause(s) and mann	her sa stated.	(a) and manner as stated				
BE C	295 BIGHAZIANO TITLE OF CENTIFIER	. //	-	29c. LICENSE NUM			D (Month, Day, Year)				
D	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH OTEM 27 Come Only		2007	079	7/5	1/92				
	FRANCY C MAYLE TO	ONS FOR	Nursi	DRD)	BOTHES	XX	12 20817				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA This Davidson	Randell.		william							



FLAND 21215-0020

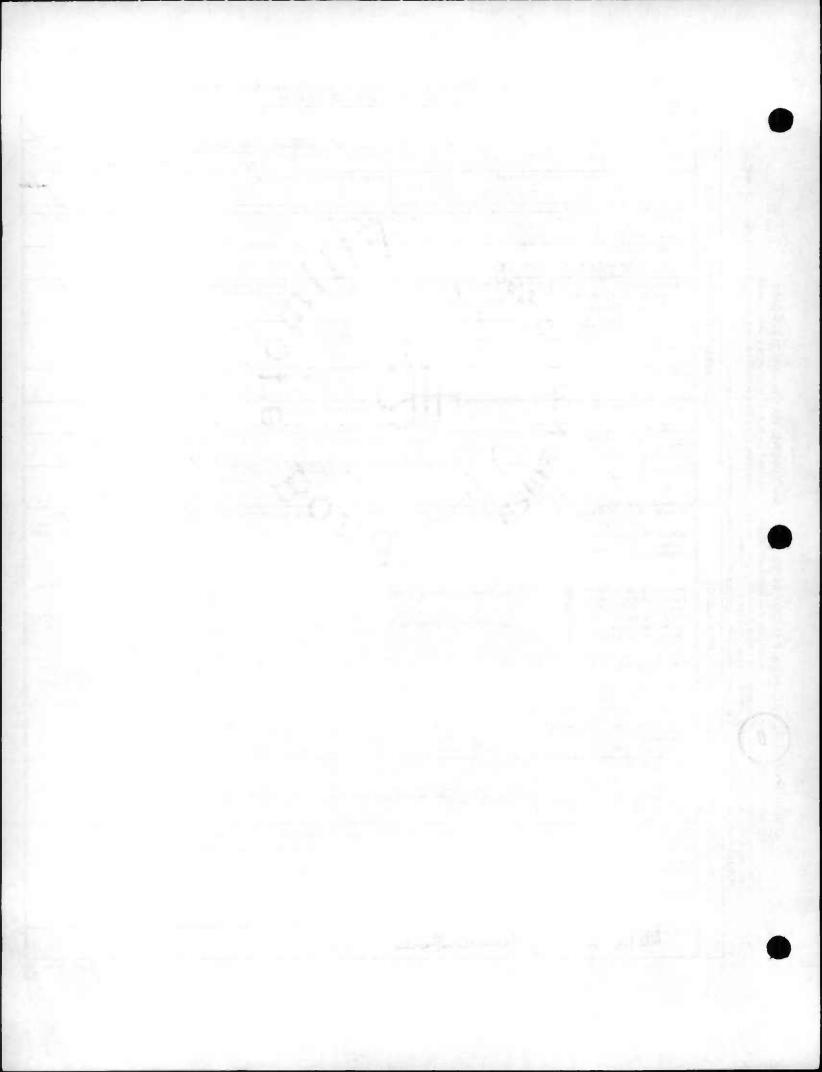
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Lest) OSEPH KOY KOTKOFSKY 2. DATE OF DEATH MONTH DAY YEAR 1717 4. SOCIAL SECURITY NUMBER 5. SEX A ROE (In use lest history) 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 1. 717										
	176-28-4570 1 M 2 F 96 YRS. MONTHS DAYS HOURS MIN. 5-15-96 RUSSIA										
TOR	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH PRESIDENCE OF DECEDENT 96. CITY, TOWN OR LOCATION OF DEATH 97. COUNTY OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH 97. COUNTY OF DEATH 98. CITY, TOWN OR LOCATION OF DEATH 98. CITY, TOWN OR LOCATION OF DEATH 98. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH 97. COUNTY OF DEATH 98. CITY, TOWN OR LOCATION OF DEATH 98. CITY, TOWN OR LOCATION OF DEATH 99. COUNTY OF DEATH 99. COUNTY OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OR LOCATION OR LOCATION OR LOCATION OR LOCATION OR LOCATION OR LOCATION OR LOCATION OR LOCATION OR LOCATION OR LOCATION OR LOCATION OR LOCATION OR LOCATION										
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 USES 2 NO 10d. INSIDE CITY LIMITS? 1 USES 2 NO										
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY? UNITED STATES										
84	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—Black, White, atc.) 14. RACE — American Indian, Black, White, atc. 15. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No—Black, White, atc.) 16. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No—Black, White, atc.) 17. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No—Black, White, atc.) 18. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No—Black, White, atc.) 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No—Black, White, atc.) 10. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No—Black, White, atc.) 11. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No—Black, White, atc.)										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY										
JMP	10 OWNER WOMENS APPAREL 17. FATHER'S NAME (First, Middle, Last)										
BE CC	MOISHE KOTKOFSKY SHEVA (NOT AVAILABLE)										
10	SHIRLEY BURGER (DAUGHTER) 4513 LUJEAN LANE - FORT WASHINGTON, MD. 20744										
	20s. METHOD OF DISPOSITION 1 All Buriel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of CEMETERY) 20c. LOCATION — City or Town, State ADELPHI, MARYLAND										
	22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE-ROCKVILLE, MD. 20852										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.										
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):										
NOI	Sequentially list conditions, If any, leading to immediate b. Motor VELICE ACIDENT DUE TO (OR AS A CONSEQUENCE OF):										
FICAT	CAUSE (Disease or injury										
CERTIFICATION	that initiated events resulting in death) LAST d										
AL S	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMALABLE PRIOR TO AMALABLE PRIOR TO										
PHYSICIAN: MEDIC	MULTIPLE SYSTEM FAILURG 1 YES 2 NO AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO										
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF GEATH (Check only one)										
SIC	EXAMINER 1 VES 2 NO NOSPITAL 1 OTHER: 4 Nursing Home 8 Residence 6 Other (Specify)										
F	27. MANNER OF DEATH 288. DATE OF INJURY (Month Day Year) 286. TIME OF 286. INJURY AT 286. DESCRIBE HOW INJURY OCCURED										
84	2 Accident Investigation 7 10 9 > A M 1 YES 2 NO HIT ON HIS SIDE										
8	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28b. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
P.E.	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
E O	296. SIGNATURE AND THRE DE CERTIFIER 296. DATE SIGNED (Mognit, Day, Year)										
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ILEM 2) (Type, Print)										
	FRANCIS C MAYNE 1025 FERNWOOD RD BETHESDA MD 20877-1106										
	31. DATE FILED (Month, Day, Voar) 32. REGISTRAR'S SIGNATURE Fishia Davidson Randelle.										

Lay Kay thought I carry me this course to Femeral Course

DIVISION OF WITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICAL TO THE FUNERAL DIRECTOR: After this change be filed within 72 hours after death with in IMPORTANT: If flem 28 is marked, or

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEI					
	1. DECEDENT'S NAME (First, Middle, Last) $P E T E R$	(NMN) K	OUTOURES		2. DATE OF DEATH MONTH 7 31	1992	3. TIME OF DEATH			
	132-05-8169	M 2 □ F 8	6 YRS. MONTH		8. BIRTHPLACE (State or Foreign Country) 906 Cyprus					
IOR	99. FACILITY NAME (If not institution, give stree 7080 Cradle Ro	ck Way	9b. C	Columbia	DEATH	9c. COUNTY OF	oeath vard			
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY Maryland Howa	rd	10c. CITY, TOW	N OR LOCATION		10d. INSIDE CITLUMITS? 1 ☑ YES 2 □				
ERAL	100. STREET AND NUMBER 7080 Cradlerock W	ay, #701		101. ZIP CODE 21045		10g. CITIZEN OF WHAT COUNTRY? USA				
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 X YES : IF YES, GIVE WAR OR DATE WW TT	2 NO	IS. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 X NO Spec	an, Puerto Rican, etc.)	Blac	o or No— 14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED		TION 16		OCCUPATION ne during most of working d.)		USINESS/INDUSTRY				
ĕ	17. FATHER'S NAME (First, Middle, Last)		Chef		Food					
	_				AME (First, Middle, Meide					
8	George Koutoure 190. INFORMANT'S NAME (Type/Print)	S	19b. MAILING ADDR	Knea ESS (Street end Number or Rura	(unobtai					
٩	Mrs. Anna Koutour	es	100000000000000000000000000000000000000	llerock Way,						
	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Remove	20b. PL	ACE AND DATE OF DISF	OSITION (Name of		OCATION — City or 1	Town, State			
	Completely, Gremetory or other place) Gate of Heaven Competery 8-3-92 Silver Spring, MD All SINATURE OF THE PLACE STRUCK LEASE A Donatton 5 Orthog (Specify) A Donatton 5 Orthog (Specify) Cate of Heaven Competery 8-3-92 Silver Spring, MD 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home 11800 New Hampshire Ave, Silver Spring, MD									
CERTIFICATION	23. PART I. Enter the Assesse, or conshock, og heart fallure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF): NO S S ONSEQUENCE OF): Season				Interval Between Onset and Death I Year 2 days			
MEDICAL	PART II. Other significent conditions of	ontributing to deeth but	not resulting in the	underlying cause given in		RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	- 2	ck	28. PLACE OF DEATH (C	book only one's					
2	EXAMINER?	OSPITAL:	OTH	ER:						
Ē	27. MANNER OF DEATH	28e. OATE OF INJURY	28b. TIME OF	Jursing Home 5 Reeldence	28d. OESCRIBE HOW	INJURY OCCURED				
2	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?						
3	2 Accident investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, street, 1	actory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)					
COMPLE		N: To the best of my knowledg On the basis of examination en					(e) and manner as stated.			
	296. SIGNATURE AND TITLE OF CERTIFIER	_		29c. LICENSE NU	MBER	29d. DATE SIGNE	O (Month, Day, Year)			
2	na ? xm	9 MO		D371	55	▶ 8 2	92			
	30. NAME AND ADDRESS OF PERSON WHO C	MPLETEO CAUSE OF DEATH		went PKo	y Colum	bia m	D 21044			
-	AUG 04 92	32 REGISTBAR'S SIGNATU	Adada Be							



requires that the death certificate be executed within 24 hours after death. Page 6 finay be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should or Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

A shows any injury, or other traumatic event, the medical examiner must be notified at once,

TO THE HOSPITAL OR ATTENDING PHYSCANE, THE TO THE FUNERAL DIRECTOR, After this care the filed within 72 hours after death with the TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

_	TIEGIOTTIAN				CENTIL	IVAL	E OF	DEA	ın		REG. NO.			
,	1. DECEDENT'S NAME (First RICHAR)	H. L								2. DATE (MONTH	OF DEATH DV		YEAR 92	3. TIME OF DEATH 8 25 AM
	4. SOCIAL SECURITY NUMBER 213-84-6255		5. SEX	6. AGE (in yr.	54 YRS. MONTHS DAYE			IF UNDER	24 MRS.	(84			6. BIRTHPLACE (State or Foreign Country) JAPAN	
	9a. FACILITY NAME (If not in		9b. CITY	, TOWN	OR LOCATION	ON OF DE			9c. COU	INTY OF D				
DIRECTOR	HOLY CROSS		SIL	VER	SPRI	NG			MON	TGOM	ERY			
ည္အ 	RESIDENCE OF DEC	10b. COUNT	Y		10c, Cf1	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
	MARYLAND 10s. STREET AND NUMBER		OMERY			VER	SPRI	ING				LIMITS?		
VERA	2824 VIXEN							20906	-			10g. CIT		WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Dive	S. ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— It yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 Sectly:						14. RACI Blaci Spec	E — American Indien, k, White, etc.				
윤	15. DEC (Specify onl	EDENT'S EDU	CATION completed)	164	. DECEDENT'S	work done	CCUPATIO	ON working		16b.	KIND OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (t		College (1-4 or 5		(Give kind of work done during most of working life. Do NOT use retired.) HOUSE PAINTER						SELF-E	MPI.O	YED	
ģ	17. FATHER'S NAME (First, M							18. MOTI	HER'S NAM		iddle, Maiden		122	
BE	SOO JUNG LE							B00	N BO	ON CI	IUNG			
۱ و	MIMI LEE	ype/Print)			19b. MAJUNO									
.	20s. METHOD OF DISPOSIT	104	Lon						SILV	-	RING,			
- 1	20b. PLACE AND DATE OF DISPOSITION (Name of Cappeter Cremetton & Date Control State Co									SPRT	wn, Stata NG MD			
ı	21. SIGNATURE OF TUNERA	L SERVICE LIC	ffee /	11	V .	22.	NAME AP	O ADDRES	SS OF FAC	YTI IE	RAL H		DI KI	NG, IID.
_	·	40	Kul	Idi		1	1800	NEW	HAMI	PSHIE	E AVE	. ST	LVER	SPRING, MD.
	snock, or heart railure. List only one cause on each line.										Approximats Interval Batween Onset and Daeth			
z I	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):													
CATION	if any, leading to imme- cause. Enter UNDERLY!	F):												
HIF	CAUSE (Disease or Injuthat initiated events	"'	u	OR AS A CON	NSEQUENCE O	F):								
	resulting in desth) LAS	T (d. AS	PIRA	HION.									
5	PART II. Other significe	nt condition	s contributing to	deeth but n	ot resulting	In the ur	deriving	COUSE O	ilven in F	Pert I	24e. WAS AN	ALITOREY	245	WERE AUTOPSY FINDINGS
IEDICAL	MULT			LERO		t resulting in the underlying ceuse given in P $i \leq 1$					PERFOR	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2 2										-				1 TYES 2 THO
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL						ACE OF DI	EATH (Chec	ck only one				
2	1 YES 2 PNO		HOSPITAL:	ER/Outpatien	H 3 DOA	OTHER		6 5 🗆 Re	sidence 6	0ther	(Specify)			
7 7		Pending Investigation	28a. DATE OF (Month, Da	INJURY ay, Year)	26b. TIM	E OF URY M	28c. INJ WO 1 🔲 Y	RK7		28d. OESC	RIBE HOW II	JURY OC	CURED	
2	3 Suicide 6 4 Homicide	it home, farm,	street, fact	ory, office	•		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				loute Number,			
COMPLEIE			CIAN: To the best of R: On the basis of as) and manner as stated.
	296. SIGNATURE AND TITLE								NSE NUME		, ,23, 61			(Month, Day, Year)
	lanhay	4	M-1)				D	396			DATE:	7. 28	-92_
-	30. NAME AND AODRESS OF	-		SE OF OEATH	(ITEM 27) (Type,	Print)	中 2	02		Ro	CICN	11.1	R. P	4 D 20812
31. DATE FILED (MONTE), DR. VEGO STANGESTRAN'S SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE										- 20				



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

4. SOCIAL SECURITY NUMBER

033-20-3019

6 Could not be

ORE

32. REGISTRAR'S Davids

3 Sulcide

4 Homicide 29a. CERTIFIER

31. DATE FILED (Month, Day,

'97

Maryland

HERBERT

1 -

BY

COMPLETED

BE 2

FUNERAL	100. STREET AND NUMBER 4513 Elittwood Roa	ad)				101. ZIP CODE 2070	
BY FUN	11. MÁRITAL STATUS 1 Never Merried 2 M Merried 3 Widowed 4 Divorced	1	WAS DECENDENT OF HISPAI If yes, specify Cuben, Maxica 1 YES 2 NO Specif				
	15. DECEDENT'S EDUC (Specify only highest grade		16a	DECEDENT'S		CCUPATION during most of working	
IPLET	Elementary/Secondary (0-12) 12 years	College (1-4 or 5+)		hief F		ital Corpsma	
TO BE COMPL	17. FATHER'S NAME (First, Middle, Last) William B. Lenno	ox				18. MOTHER'S NA IVY H	
	19a. INFORMANT'S NAME (Type/Print) Marian B. Lennox		19b. MAILING ADDRESS (Street and Number or Rural same as #10				
	20s. METHOD OF DISPOSITION 1 Coursel 2 Cremetton 3 Remote A Donation 5 Other (Specify)	othi	PLACE OF DISPOSITION (Name of cometer), cremetory or other place) rlington National Cemete				
	21. SIGNATURE OF FUNERAL SERVICE LIC	Mar Va X	et		D	name and address of FA onald V. Bor 400 Powder M	
CERTIFICATION	23. PARWI. Enter the diseeses, or on shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlisted events resulting in death) LAST	DUE TO (OF	AS A COL	lina.	(R 6:	ty THM (A CARDIONA	
SICIAN: MEDICAL CE	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL BYAMINER?				-	26. PLACE OF DEATH (C	
HYSI	1 YES 2 NO	1 Inpatient 2 E			_	rsing Home 5 - Residence	
표	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF IN. (Month, Day,	JURY Year)	28b. TIM	E OF	28c. INJURY AT WORK?	

1 YES

W. LENNOX

1 M 2 - F

Prince George's

6. AGE (In yrs. last birthday)

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6. SEX

Greater Laurel Beltsville Hospital

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

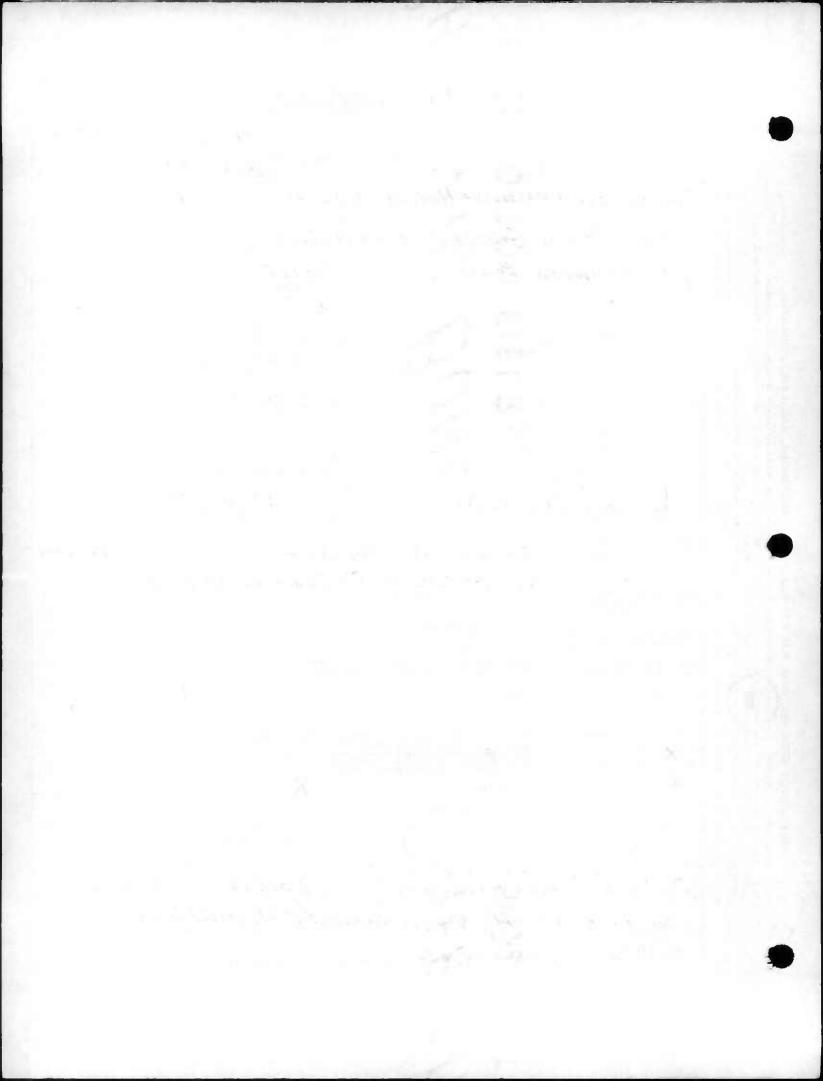
10c. CITY, TOWN OR LOCATION

Beltsville

Laurel

IF UNDER 24 HRS.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 3. TIME OF DEATH 702 PM 92 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Massachusetts D -14-96. CITY, TOWN OR LOCATION OF DEATH Prince George's 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States IIC ORIGIN? (Specify Yea or No-n, Puerlo Rican, etc.) 14. RACE — American Indian, Black, White, etc. WHITE 16b. KIND OF BUSINESS/INDUSTRY U.S. Navy ME (First, Middle, Maiden Surname) Poulter loute Number, City or Town, State, Zip Code) 20c. LOCATION -- City or Town, State Arlington, Virginia gwardt Funeral Home, P.A. ill Road, Beltsville, Md.20705 s cerdisc or respiratory arrest, Approximata Onset and Death Minuxes DISEASE sculage 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Part I. 1 TES 2 NO eck only one) 6 (C) Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNEO (Month, Day, Year)



Pages 1, 2, 3 should

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BALTIMORE, MARYLAND 21215-0020

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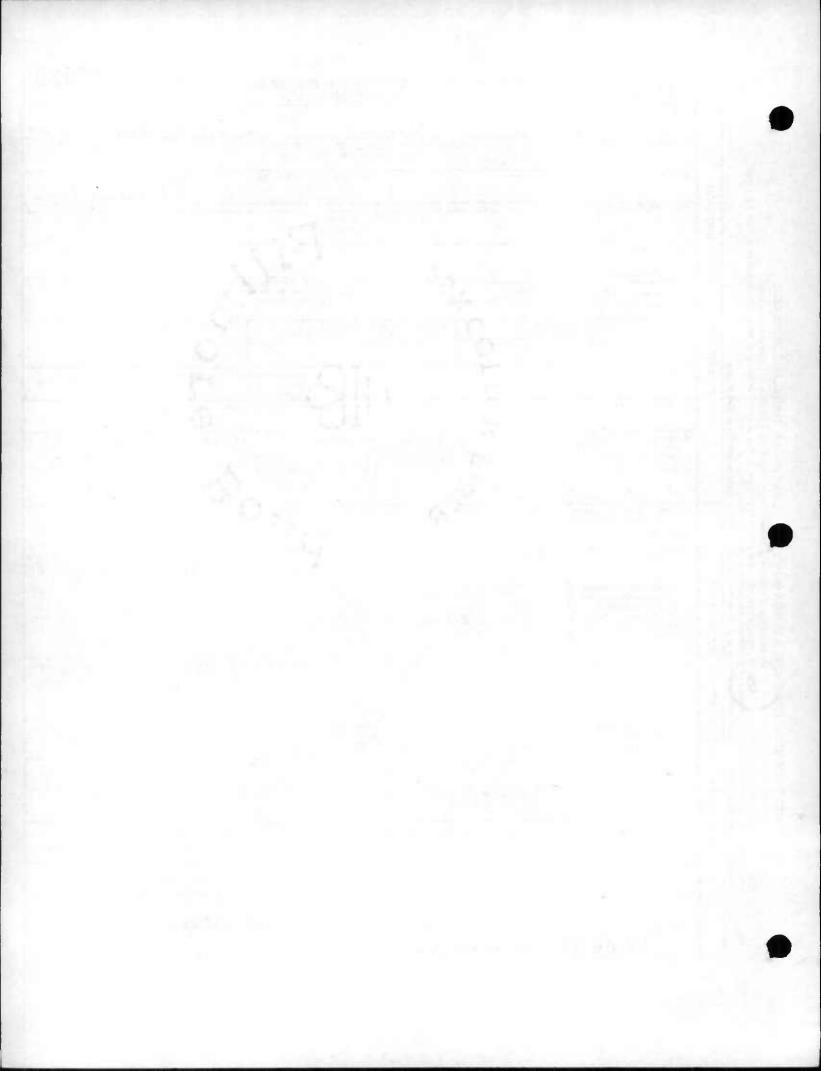
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH LILLIAN MARJORIE LEVINE HUGUST Mariori 1030A M 1992 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) SEPT. 3, S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS NEW YORK 063-09-0417 73 1918 9a. FACILITY NAME (If not institution, give atreet and number 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH Washing DIRECTOR WASHINGTON COUNTY HOSPITAL HAGERSTOWN 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY HAGERSTOWN MARYLAND WASHINGTON 1 TYES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? DONNYBROOK DRIVE 13625 21742 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO IF YES, OIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced WHITE ED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high E ntary/Secondary (0-12) COMPL 12 HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) NOVICK ROBERT SINGERMAN GLORIA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 13625 DONNYBROOK DR., HAGERSTOWN, MD. 21742 FRANK LEVINE 20s. METHOD OF DISPOSITION
1A Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE REST HAVEN CEMETERY HAGERSTOWN, WASH., MD. 8-7-92 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ANDREW K. COFFMAN FUNERAL HOME, INC. 40 E. ANTIETAM ST., HAGERSTOWN, MD. 21740 Koll 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart feilure. List only one ceuse Interval Between IMMEDIATE CAUSE (Final Onset end Death 165 Tructive disease or condition resulting in death) monday Hijeage MOMC OUE TO (OR AS A CONSEQUENCE OF): javelle Use CERTIFICATION Sequentielly list conditions, UE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 WHO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Impetient 2 ER/Outpetient 3 DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Watural 5 Pending Investiga 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 🔲 Homicide 1 [CERTIFYINO PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or 296. SIGNATURE AND TITLE OF CENTIFIER BE Hu every Miscon 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ritow. Robert 59 31. DATE FILED (Month, Day, Year)

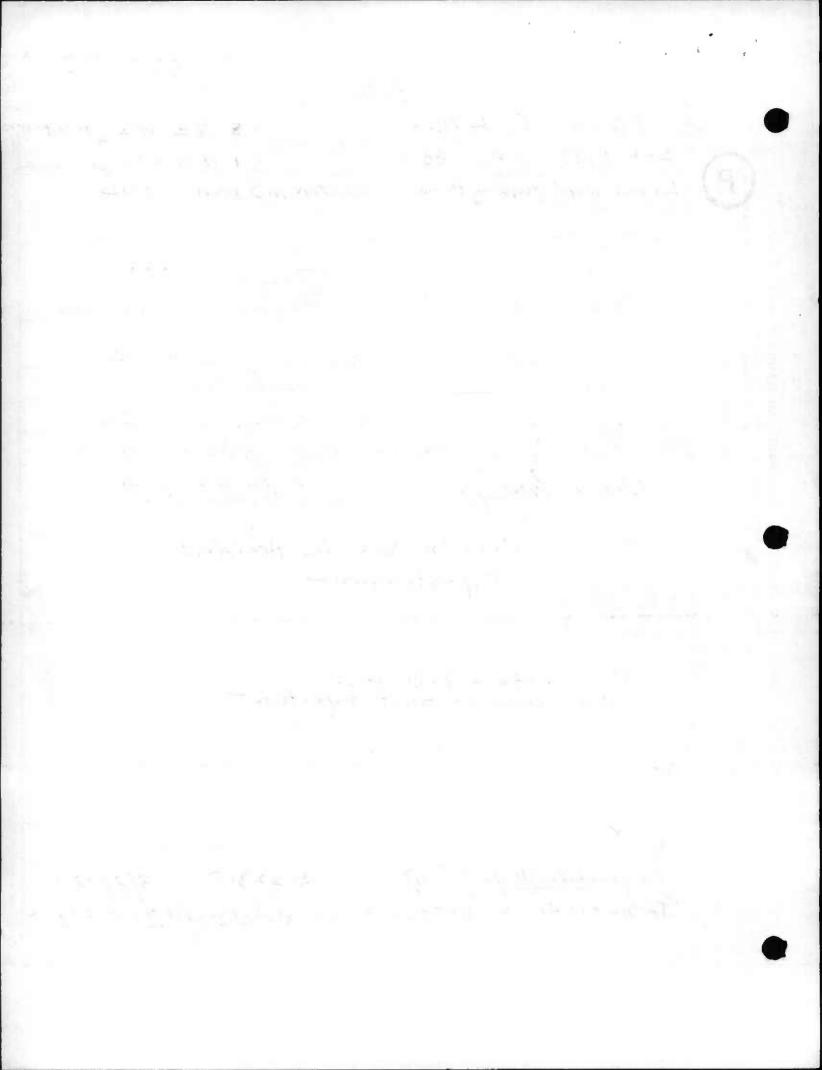
32. REGISTRAR'S SIGNATURE

alin Daviden-Randall

AUG 0 6 1992



	REGISTRAR			RTIFICAT			MENTAL HYGIEI REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) EDITH	E Lo	NG-				2. DATE OF DEATH	DAY /G	YEAR 3	H- 20A	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest t	birthday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Dwy, Year)			ACE (State or Foreig	
\	222 16 1119 so. FACILITY NAME (If not institution, give si	1 M 2 F	66	YRS.		OR LOCATION OF DE	1 17 /		Hartl		
d	Lawel Wood	Nursing t	lome				21921		CIL		
	10+. STATE 10b. COUNTY	1		10c. CITY, TOW	OR LOCAT	TION			-10	Od. INSIDE CITY	
	Maryland Cecil			E1kto						YES 2 NO	
FUNERAL	100 Laurel Avenue				10g. CITIZEN OF WHAT C 21921 U.S.A.						
à	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 XNO		If yes, sp	endent of Hispan ecity Cuben, Mexice 2 X NO Specifi	HC ORIGIN? (Specify Yon, Puerlo Rican, etc.)	es or No-	14. RACE — Black, \ Specify:	- American Indian, White, etc.	
ETED	15. DECEDENT'S EDUC (Specify only highest grade		18e. DECE	EDENT'S USUAL	OCCUPATIO	ON st of working	16b. KIND OF BI	USINESS/IND	USTRY	***************************************	
E E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. D	oll Spe	1.)		Co1100	o Edu	aatia		
COMPL	17. FATHER'S NAME (First, Middle, Last)	1 year		Colleg ME (First, Middle, Maide		catio	11				
BEC	John Spencer	Jane Veal									
2	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1653 West Pulaski Highway Elkton, MD 23										
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ED BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR building, atc. (Spe	Y At home	, form, atroet, fe			281, LOCATION (Street City or Town, State	and Number	or Rural Rou	te Number,	
ӹ╟	4 Homicide determined										
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TO BE COMPL	296. SIGNATURE AND TITLE OF CERTIFIER	1.11. Pel-	TMI			29c. LICENSE NUN	1307 ly Ave, 2	29d. DATE	SIGNED (M	onth, Day, Year)	



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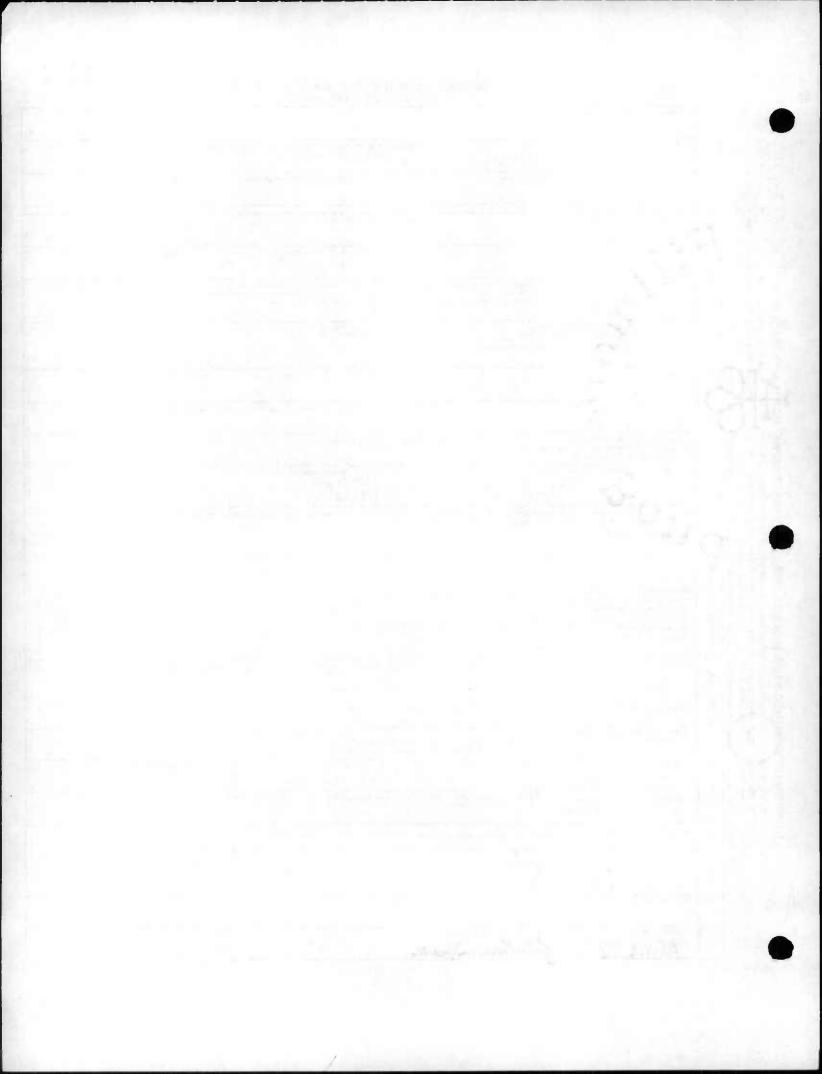
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requirements the criticale be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been seen by the mending physician and completely filled in by the funeral director, page 5 shou be filled within 72 hours after death with the State Dept, oil health with the Mendin build cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shores any injury, or other traumatic event, the medical examiner must be notified
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DIRECTOR		aryland Frederick Frederick										
VERAL	303 Adam Road				10	21701				T COUNTRY?		
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APLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION empleted) College (1-4 or 5+)	(Give kir life. Do N	ENT'S USUAL ind of work do NOT use retired NEMAKE	ne during mo d.)	ON st of working	16b. KIND OF	BUSINESS/IND				
ed at once. BE COMPL	17. FATHER'S NAME (First, Middle, Lest) William Cartee Stine 18. MOTHER'S NAME (First, Middle, Meiden Surname) Adah Jane Elizabeth Young											
be notified TO BE	196. INFORMANT'S NAME (Types/Print) Richard L. Linton 195. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town. State, Zip Gode) 1554 Andover Lane, Frederick, Maryland 21702 206. METHOD OF OISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Town. State											
examiner must	MXBurial 2 Cremation 3 Remove 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	al from State	ROCKY S	pring	s Cer	netery J	uly 14, 1	1992 Fr	ederi	ck, Md.		
саі ехаш	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MO0255 22. NAME AND ADDRESS OF FACILITY Keeney and Basford P.A. Funeral 106 East Church St., Frederick, 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory errest,											
rent, the medical	shock, or heart feiture. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)	IMMEDIATE CAUSE (Finel disease or condition)										
CERTIFICATION	Sequantially liet conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. Congrature Yes 2 No									RE AUTOPSY PINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
or item 23 YSICIAN		10SPITAL:	udnetlest 3 🗆 Dr	on Sty	ER:	ACE OF DEATH (Ch						
E E	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	Y 28b	TIME OF INJURY	28c. JNJ WO	JRY AT	8 Other (Specify) 28d. DESCRIBE HO	OW INJURY OCCI	URED			
Z8 15 TED	2 Accident arresingation 3 Suicide 8 Could not be 4 Homicide detarmined	Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify)							or Rural Route	e Number,		
O BE COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: (N: To the best of my kno	owledge, death oc	igation, in my	time, dete	end place, end due	to the cause(a) and time, date and place	menner as state	d. cause(s) an	d manner as stated.		
TO BE	29h. SIGNATURE AND TITLE OF EERTIFICER	Karfs	non			DI39	171	294. DATE	SIGNED IM	97_		
-	Dr. Robert L. Kat	ufmann MD	300 Wes		th St	reet, F	rederick,	Md. 2	1701			
	JUL 1 3 1992	32. REGISTRAR'S SIG	SNATURE									

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHISLAND. The law equies that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR. The thin so thing the standing physician and completely the threnal director, page 5 should be detached fined within 72 hours after death with the Standard Health and Mental Hyghen prior to burial, correlation, or removal. IMPORTANT: If item 28 is married, or there is any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		STATE OF M		/ DEPAI ERTIF					MENTA	REG. NO	E	J (-	66091
	1. DECEDENT'S NAME (First, Mid	idle, Last)						DEA			OF DEATH			3. TIME OF DEATH
	ELVIRA L	. LA	WYER							Tu 1	y 31,	1992	YEAR	9:35 AM M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. le						7. DATE OF BIRTH			8. BIRTH	PLACE (State or Foreign
	577-60-4472		1 M 2 X F	86	YRS.	MONTHS	DAYS	HOURS	MIN.		31, 19	906	Country) LppineIsland
	9a. FACILITY NAME (If not institu			9b. CIT	, TOWN (R LOCATI	ON OF D		31, 1.	-	UNTY OF DE			
O. B.	Carriage Hill	Nur	sing Home	2		Bet	hesd	la				Mor	itgome	ery
5	RESIDENCE OF DECED	ENT L COUNTY			10c. CITY, TOWN OR LOCATION									
DIRECTOR	None	None				,								10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER	None			Wa	ISHIH		ZIP COD				1 X YES 2 NO		
A.	2223 Hall Pla	0.0	NILI									277		HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	ice,	12 WAS DECEDENT	EVER IN U.S. AI	RMED	13		0007		NIC ORIGI	N? (Specify Yes	USA		Amadana tadi
BY	1 Never Married 2 Mer 3 Widowed 4 Divorced		FORCES? 1 IF YES, GIVE W	YES 2 V	NO		It yes, sp-	2 X NO	n, Mexico	en, Puerto	Ricen, etc.)	or No	Black, Specify Whit	
0	15. DECEDE (Specify only hig			16a. DI	ECEDENT'S	USUAL O	CCUPATIO	ON		16	b. KIND OF BU	SINESS/IN		
Щ	Elementary/Secondary (0-12)		College (1-4 or 5+)	- 100	Give kind of e. Do NOT u	se retired.)	aunng mo	St OF WORK!	rg					
MP	12		-	Fore	eign	Serv	ice	Offi	ce	J	JS Gove	rnme	ent	
COMPLETED	17. FATHER'S NAME (First, Middle	, Last)						18. MOT	HER'S NA	AME (First,	Middle, Malden	Surneme)		
BE	John D. Long									Howe				
0	19e. INFORMANT'S NAME (Type/										ber, City or Tow			
	Janis L. Knor	r							venu		W, #10			
	20a. METHOD OF DISPOSITION 1 □ Buriel 2 N Cremation	3 🗆 Remo	oval from Stata	20b. PLACE cemetery, cn	emetory or r	ther niscel					TE 20c. LO			
	4 □ Donation 6 □ Other (Spe 21. SIGNATURE OF FUNERAL SE		rvere	Metro	opoli	tan	Crem	ator	y/Au	1g 1	92Alex	andr	ia, V	irginia
	· Ames	8	9//			D	eVo1	Fun	era1	L Hon	enue,	NW.	WDC 2	20007
	23. PART Enter the disea	ses, or c	omplications that	ceused the de	eeth. Do	not enter	tha mo	de of dy	ing, auc	ch as car	diac or respi	ratory a	rreat,	Approximata
	enock, or heert failure. List only one cause on each line. Interval Onset a											Interval Between Onset and Death		
	disease or condition	ic Lu	ng C	ance	r						1 Month			
	Metastatic Lung Cancer DUE TO (OR AS A CONSEQUENCE OF):										1 Hollett			
Z	Samuel Market Land and Market Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro													
티티	Sequentially list conditions if any, leading to immediate		DUE TO (OR AS A CONSE	OUENCE O	F):								
길	cause. Enter UNDERLYING CAUSE (Disease or Injury	< .												
	that initiated events resulting in death) LAST		DUE TO (OR AS A CONSE	OUENCE O	F):								
CERTIFICATION		-	l											
CAL	PART II. Other algolficant of	ondition	contributing to	death but not	reaulting	In the u	nderlying	cause ;	given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS
2		Ath	eroscler	otic He	art	Disea	ase				PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI											1 (3) 143	A		OF DEATH?
ä														n/a
CIA	25. WAS CASE REFERRED TO ME EXAMINER?	EDICAL	HOSPITAL:					ACE OF D	EATH (Ch	heck only o	ne)			
1S/	1 TYES 2 NO		1 Inpatient 2	ER/Outpatient 3	3 DOA	OTHE		6 🗆 Re	sidence	6 🗆 Oth	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28e. OATE OF I (Month, De	NJURY y. Year)	28b. TIN	E OF	28c. INJ WO	URY AT RK?		28d. DE	SCRIBE HOW I	NJURY OC	CURED	
ВУ	1 Natural 5 Pend 2 Accident Inver	sing etigetion				M		'ES 2 [NO					
									or Rural Ro	ute Number,				
H		THIRDU												
COMPLETED	(Check only 1 X CERTIFY)	NG PHYSIC	ZIAN: To the best of r	my knowledge, de	eath occurr	ed at the t	lme, data	and place	end due	to the ca	use(e) end mar	ner as st	ited.	
Š	one) 2 MEDICAL	on, in my o	pinion, d	eath occur	ed at the	fime, date	e end place, en	d dua to t	the cause(e)	end manner as stated.				
BE C	296. SIGNATURE AND TITLE OF	CERTIFIER		1	_			29c. LICE	NSE NUI	MBER		29d. DA	TE SIGNED	Month, Day, Year)
TO B	pull	5	1 Due	- /W				1289	90			► A	ugust	1, 1992
F	30. NAME AND ADDRESS OF PE													
	Jon M. Wisem	an, N	D - 5410	Connec	ticu	t Av	enue	, NW	, #1	17,	WDC 20	015		
1	31. DATE FILEO (Month, Day, Year)		32. REGISTRAR		854									
	AUG 04 '92		gran Davide	an-Rande	182									



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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	MARY BOOK	ROSE MOORE				2. DATE OF DEATH MONTH DAY YEAR			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	MOORE	IF UNDER 24 HRS.	7 2	8 92	2 3:00 P.M.		
	403-07-2578	1 M 2 XF 72	YRS.	MONTHS DAYS	Cor	BIRTHPLACE (State or Foreign Country) IZ ENTITION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T				
~	9a. FACILITY NAME (If not institution, give :	t institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
DIRECTOR	1309 RUPPERT ROAD SILVER SPRING MONTGOMERY							GOMERY		
REC								10d. INSIDE CITY LIMITS?		
	MARYLAND MONTO	NTGOMERY SILVER SPRING				1 YES 2 NO				
FUNERAL	1309 RUPPERT ROAD 20903						10g. CITIZEN OF WHAT COUNTRY?			
N N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENI			ENDENT OF HISPA	NIC ORIGIN? (Specify Ye	USA na or No.— 14. B/	ACE — American Indian,			
BY	1 Never Married 2 Married POHCES? 1 YES 2 XNO II				NO Specif	n, Puerto Rican, etc.)	Sp	seck, White, stc.		
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	JSINESS/INDUSTRY	WHITE		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT u		st of working					
OME	17. FATHER'S NAME (First, Middle, Last)	SECRETARY FEDERAL GOVERNMENT 1. Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)					1ENT			
BE C	MARVIN BEWLEY	FRYMIRE			EDI'			0)		
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tox				
-	CAROL CREMONESE 208. METHOD OF DISPOSITION	(DAUGHTER)	10000	CIDEWATE						
	1 A Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State com	netery crematory or o	OF DISPOSITION (Na other place) SUTNOTON		DATE 20c. LO Y 7/31 ADE	CATION — City or			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	OKGL WAL	22. NAME AN	D ADDRESS OF FA	CILITY				
	Livathy	M. Camply	ll			LLINS FUNE		E, INC. R.,MD.20901		
	23. PART . Enter the diseases, or ahock, or heert failure.	complicatione that caused List only one cause on a	tha death, Do r	not entar the mo	da of dying, auc	h as cardiec or raep	iratory arrest,	Approximate Intervel Between		
	IMMEDIATE CAUSE (Finel									
	resulting in death)									
N	Chronic End Stage Kenal Jacliere - Northeti!									
ATI	DUE TO (OR AS A CONSEQUENCE OF): SYNCROME! SYNCROME!									
틸	CAUSE (Disesse or Injury that initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF				J			
CERTIFICATION	resulting in death) LAST	. Anemic	i							
AL C	PART II. Other aignificant condition	e contributing to deeth b	ut not resulting	in the underlying	ceuse given in			4b. WERE AUTOPSY FINDINGS		
	1					PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC								1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)				
YSIC	1 VEB 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	etlant 3 🗆 DDA	OTHER:		6 Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE DF INJURY (Month, Day, Year)	28b. TIM INJ	URY WO	RK?	28d. DESCRIBE HOW I	NJURY OCCURED			
BY	2 Accident Investigation 3 Suicide & Could get be	Accident Investigation "1 YES 2 NO					al Bouta Number			
Ë	3 Suicide 6 Could not be 4 Homicide determined Suicide, Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)									
COMPLETED		CIAN: To the best of my knowle								
Š		R: On the beals of examination	and/or investigation	n, in my opinion, de	esth occured at the	time, data and placa, an	d due to the cause	e(a) and manner as stated.		
H H	296. SIGNATURE AND THE OF CERTIFIER	1111.00.00.00			29c. LICENSE NUM	NUMBER 29d. DATE SIGNED (Month, Day, Year)				
ဍ	30 NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	• АТН (ITEM 27) (Туре,	Print)	00	7 28		- 1 1992		
	HAMID MONTA	KHAB, M.D		EXECU	hive BI	Vd, Rocky	ille MI).20852		
	31. DATE FILED (Month, Page Year)	82. RESISTMAR'S SIGN	Sher 65							

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEOENT'S NAME (First, Middle, Last)	fiddle, Last)					DEATH		3. TIM	E OF OEAT	ТН
	THOMAS	Α.	MURPHY			JULY	29.	1992	2 11	:30	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		7. DATE OF E (Month, De	HRTH V Muss)	8.	BIRTHPLACE Country)	(State or Fo	oreign
	197-14-9995	1 🕅 M 2 🗆 F	66 YRS.	MONTHS DAYS	HOURS MIN.		2, 192		ennsyl	vani	а
Œ	9a. FACILITY NAME (If not institution, give s	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s						9c, COUNTY	OF OEATH		
DIRECTOR	11721 Happy Cho:	y Choice Lane North Potom						Monte	gomery		
REC	10s. STATE 10b. COUNT									NSIDE CITY	1
		gomery North I			mac					MITS?	NO
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT CO	OUNTRY?	
NE NE	11721 Happy Choic				20878			United States			
	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D	IN U.S. ARMEO	13. WAS DEC	ENOENT OF HISPA ecify Cuban, Maxic	NIC ORIGIN? (Span, Puerto Rican	pecify Yea or , etc.)	No- 14.	RACE - Ame Black, White,	pricen Indi-	an,
BY	3 Widowed 4 Divorced	WW II	DATES	1 Tes 2 NO Specify:				Specify:			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	18a. DECEDENT'S	USUAL OCCUPATION	NC	18b. KIN	D OF BUSIN	ESS/INDUST	White		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT us	work done during mo se ratired.)	ist or working						
MP		4+ Accountant							Energ	у	
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		, Maiden Su	mame)			
BE	Charles Murphy 19a. INFORMANT'S NAME (Type/Print)	-	405 44411 1010	ADDDESS (C)		Omelia					
2	Verna K. Murphy		_	as 10	and Number or Rural	Route Number, C	rly or Town, S	State, Zip Coo	(a)		
	20a. METHOD OF DISPOSITION	201	b. PLACE AND OATE		ame of	DATE	20c 10CA	TION - City	or Town, Stat		
	1 Donation 5 Other (Specify)		netery, crematory or o			7-29		hesda			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF FA	ACILITY			, 110		
	Deth.	B.Ch	M00827		-uneral						
	23. PART I. Enter the diseases, pr	complications that cause	d the death. Do r	ot enter the mo	ist Ave.	SILVET	or respirat	ing. N	1D 20	910	010
	Interval Batween Interval Batween Onset and Death disease or condition							etween			
	OUE TO (OR AS A CONSEQUENCE OF):								7		
N	Sequentially list conditions, Due to (or as a consequence of):										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE OF	F):							
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF	F):							
E	resulting in death) LAST	4							j		
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
SAL	PERFORMEO? AMAILABLE PRIOR TO								TO		
PHYSICIAN: MEDIC						10	YE\$ 2 ()	(NO	OF DEA	ETION OF C TH?	AUSE
Σ						- 1			1 🗌 YE	ES 2 A	10
A N	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Ch	eck only one)					
SIC	EXAMINER?	HOSPITAL: 1 topatiant 2 ER/Outs	petient 3 DOA	OTHER:	5 Rasidence		-44.5				
美	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, T/M	E OF 28c. INJ	JRY AT	28d. DESCRIB		JRY OCCURE	D		
ВУ	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		RK? 'ES 2 NO						
	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, a	treat, factory, office		281. LOCATION City or Tox	(Street and	Number or R	urel Route Nur	nber,	
5	4 Homicide determined						m, oraney				111
COMPLETED	29a. CERTIFIER (Check only one)	CIAN: To the best of my know	ledge, death occurre	d at the time, date	and place, and due	to the cause(a)	and manner	r se stated.			
g I	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
BE	21 SIGNATURE AND TITLE OF CERTIFIER	P	11 2		29e NICENSE NUI	MBER			I. DATE SIGNED (Month, Day, Year)		
2	MANERAL ACCOUNTS OF THE PARTY.	Blown	(UU)		207	285		▶ July	29,	1992	
	M. NAME AND ADDRESS OF PERSON WHO				A D.	اد د ما	MD C	2004.4			
-	James Brown, M.D. 31. DATE FILED (Month, Day, Year)	5411 West		ine #203-	-A, Beti	hesda,	ל עויו	20814			
	W 70 100	Lulia Davidson	1000								
	- JU 3/	and later life 3	L. Branch								

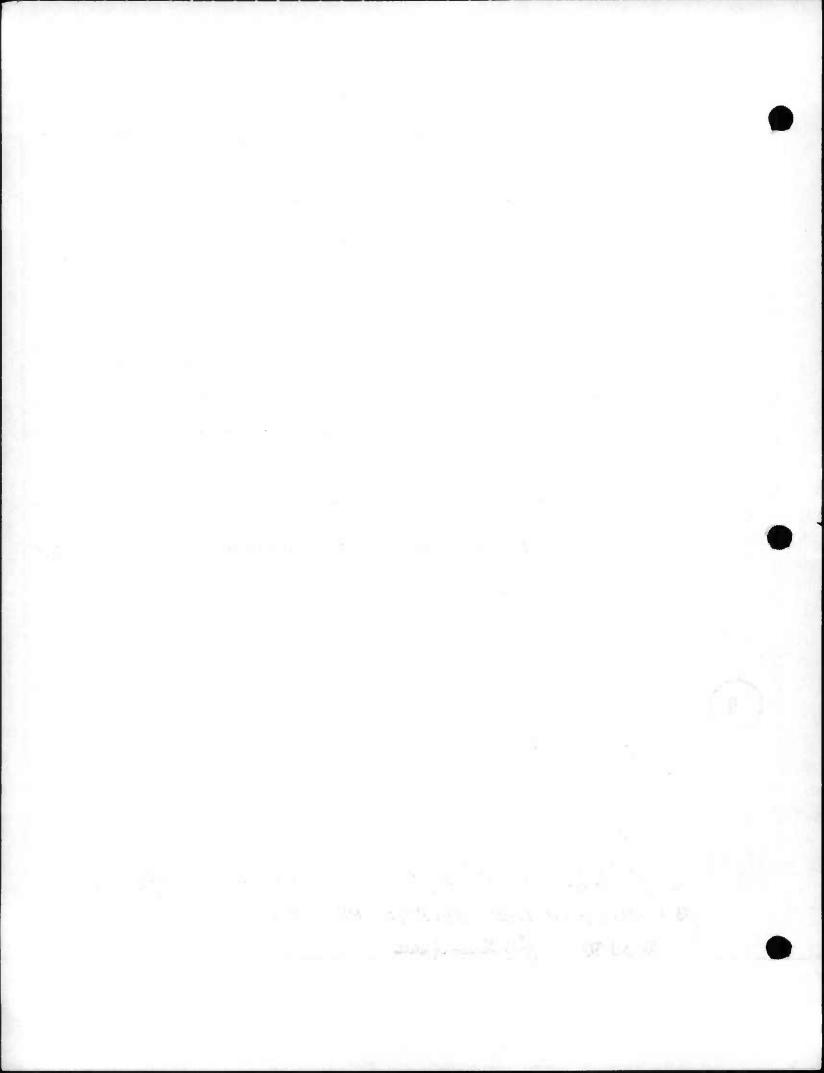
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CAN: The lay to that the death certificat	intificate by been signed by the attending phy-	he State Pept, of Health and Mental Hygene p	or itemiza thorns agy injury, or other	
TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this co	be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked,	

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	1111	,			2. DATE OF DE			3. TIME OF DEATH
	Cecile Mitler					MONTH	DAY	YEAR	11 150 "
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	R IF UNDER 24 HRS.	7. DATE OF BIF	0	7 24	LACE (State or Foreign
				MONTHS DAY		(Month, Day,	Year)	Country)
	052 18 5864	11 9	3 YRS.			July :	18 189	Po:	land
1	9a. FACILITY NAME (If not institution, give s	street end number)		9b. CITY, TOW	N OR LOCATION OF D	DEATH	9c. COL	UNTY OF DE	ATH
1 H	Holy Cross Hos	spital		Silve	r Sprin	ď	Mo	ntgor	maru
15	Holy Cross Hos	P=00=		DATIC	_ DPLIII	9	110	iregor	mery
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY	Y, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
<u>a</u>	Maryland Mon	tqomery	ROC	kvill	0				1 X YES 2 NO
	10e, STREET AND NUMBER	,04011102	1100	I	10f. ZIP CODE		100 CI		HAT COUNTRY?
2							log. Car		TAI COUNTRY?
2	299 Hurley Ave				20850			USA	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS D	ECENDENT OF HISPA apocify Cuben, Maxic	NIC ORIGIN? (Spe	cify Yes or No-	14. RACE Black.	- American Indian, White, stc.
BY	3X Widowed 4 Divorced	IF YES, GIVE WAR OR D			ES 2 NO Speci			Specify	r
	SA Wildowed 4 Divolced	Į							White
ᇤ	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPA		16b. KIND	OF BUSINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	e retired.)	most or working				
립		4	Posut	ician		Dri	vate B	ngin	222
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Deaut	LULan		AME (First, Middle,		usine	255,
						, ,	,		
H	Ydel Birenbaum				Esthe:	r Chaja	a Berk	owic:	Z
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	et end Number or Rural	Route Number, City	or Town, State, Zi	p Code)	
-	Henry Mitler		1517	Colum	bia Ave	Rocks	ville.	MD :	20850
	20a. METHOD OF DISPOSITION	200	. PLACE AND DATE O				DC. LOCATION -		
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (See 1)		netery, crematory or of		7				4,000
	21, SIGNATURE OF FUNERAL SERVICE UK		udean M		ardens	17/30	Olney	, Mai	ryland
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-	tount	What	31						2.4.5
-	23. PART I. Enter the diseases, or o	complications that cause	d the death. Do n	ot enter the	1.s-Churc	ch Vii	rginia	220	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, anack, or heart failure. List only one cause on sech line. Approximate interval Between								
	IMMEDIATE CAUSE (Final								Onset and Death
	disease of condition resulting in death)	9EP515	STAPHO	LOCOU	-US AUI	wy			IWEEK
		DUE TO (OR AS A	CONSEQUENCE OF	7:					1
z									
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	7:					
₹	If any, leading to immediate cause. Enter UNDERLYING								
윤	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS /	CONSEQUENCE OF	n·					
E	resulting in death) LAST	(,					i
典		d							
	PART II. Other algolificant condition	is contributing to death b	ut not resulting i	n the underly	ing cause given in	Part I. 24a 3	MAS AN AUTOPSY	24h 1	WERE AUTOPSY FINDINGS
SE CE							ERFORMED?		AVAILABLE PRIOR TO
Nē.						1 🗆	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
1									1 TYES 2 NO
Ji.									
7₫	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATH (C)	heck only one)			
S	1 YES 2 NO	HOSPITAL:		OTHER:					
PHYSICIA	27. MANNER OF DEATH	280. DATE OF INJURY			ome 5 🗆 Reeldence				
立	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME	URY	NJURY AT WORK?	28d. DEŞCRIBE	HOW INJURY OC	CURED	
BY	2 Accident Invostigation			M 1 [YES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	- At home, ferm, s	treet, fectory, of	fice		Street and Number	r or Rural Ro	ute Number,
2	4 Homicide determined	and topoc	2.17)			City or Town	i, State)		
COMPLETED	29a. CERTIFIER								
d-	(Check only CENTIFTING PHYSI	ICIAN: To the best of my know							
Ö.	2 WEDICAL EXAMINE	R: On the basis of examination	n and/or inpetio	n, in my opinion	, death occured at the	time, date end pi	ece, end due to t	he ceuse(e)	and menner es atated.
2	296. SIGNATURE MONTY OF CHEST)01	1/.	//	29c. LICENSE NU	мвен	29d, DAT	S-SIGNED /	Month, Cley, Warry
BE	MANA	THE	FX/	/	DOII	20	17	20/	91_
2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CARRE OF OF	ATH SITEM TO NOW	-	10///		1/	01/	1-
	MAG CHAPTELIET	206/	11 -12	1 Mr	20902				
	ent shore led	reno w	HEHTON	0 1707	0070 L				
	21. DATE FILED (Month, Day, Year)	32 REGISTRAN'S SIGN	ATURE						
	JUL 30 "92	gulia Davidson	Madelle						

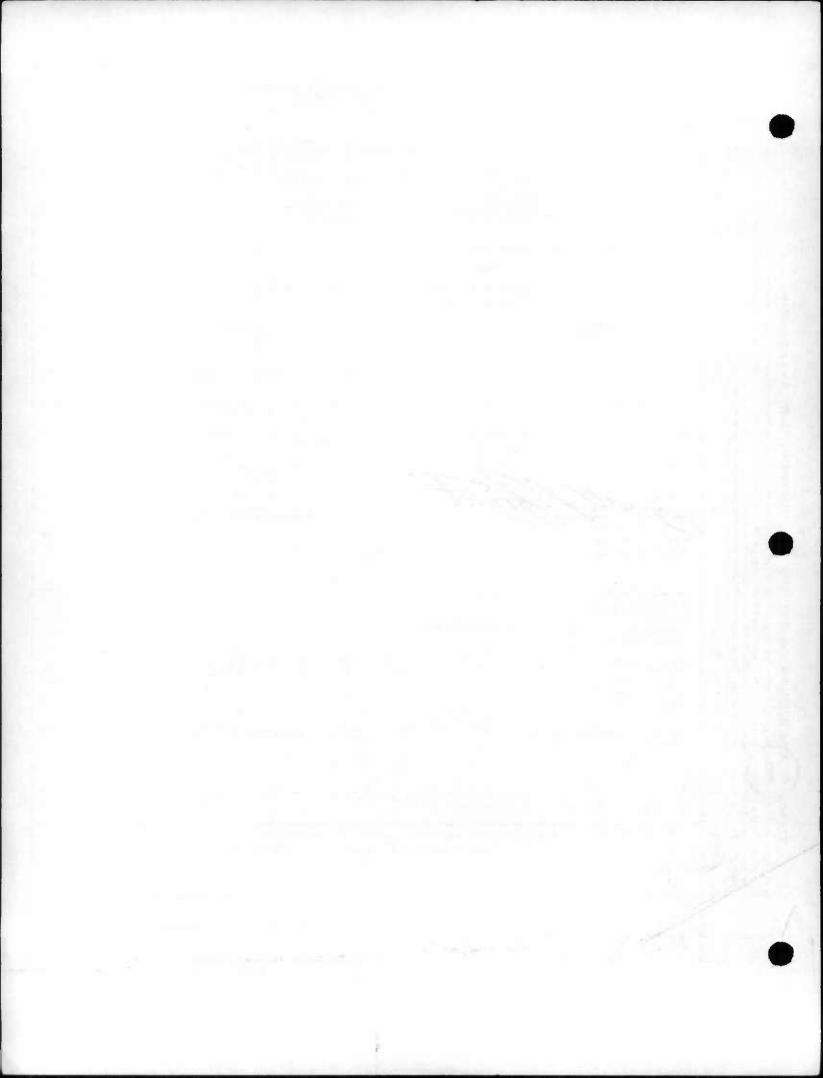


DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	TO THE FUNERAL DIRECTOR. A CONTROL OF CONTROL OF THE SIGNED BY the attending physician and completely filled in by the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR. And the contract has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death described. or removal.	TO THE FUNERAL DIRECTOR. An article professional page by the attending physician and completely filled in by the funeral director, page 5 should be detached for the within 72 hours after desired and the state and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is merked, or item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.

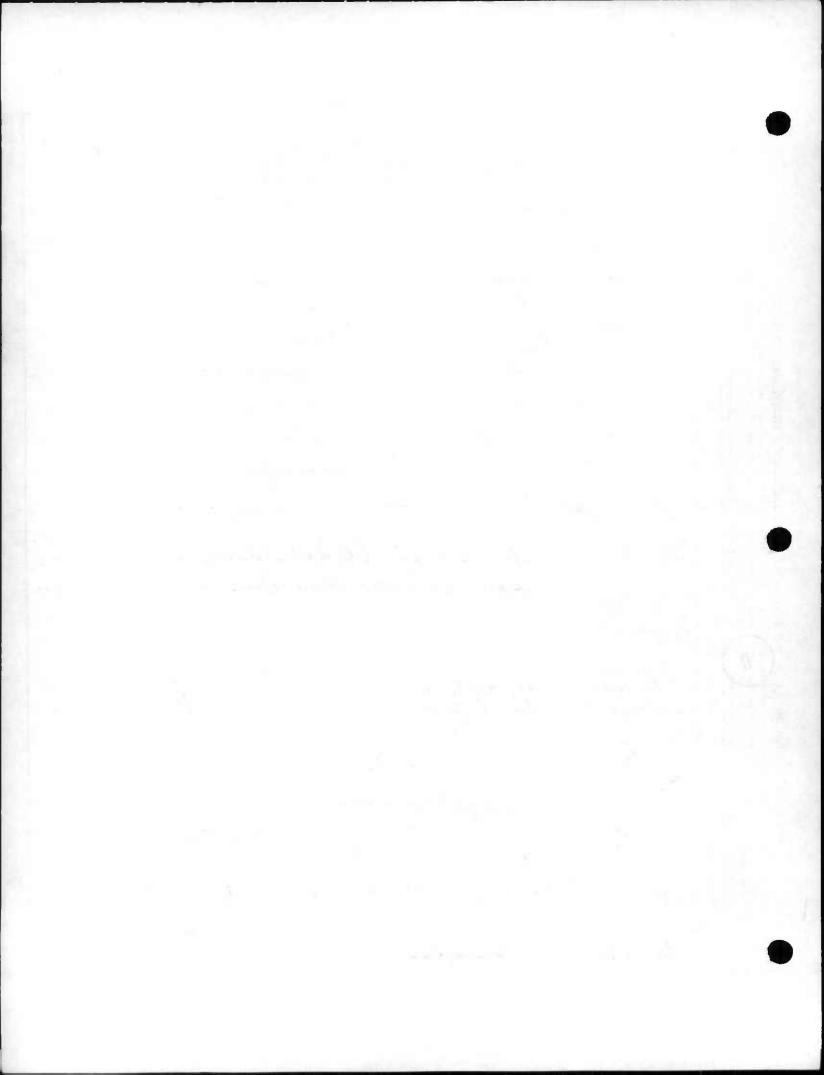
STATE OF MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
CE	RTIFICATE	O	F DEAT	TH		REG.	NO.

REGISTRAR		CERTIF	ICATE (OF DEATH	REC	3. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	MORFI	TT			2. DATE OF DE	ATH DAY	YEAR 3	3. TIME OF DEATH 9:45 A.	
4. SOCIAL SECURITY NUMBER 485-10-4979	5. SEX 6. /	AGE (In yrs. lest birthday) 75 YRS.	SF UNDER 1 YE	EAR IF UNDER 24 HRS. AYS HOURE MIN.	7. DATE OF BIR (Month, Day, FEB. 9	1917	a. BIRTHPI Country)	LACE (State or Foreign	
Sa. FACILITY NAME (If not institution, give s CARROLL MAYOR NUI	treet and number) ASING HOME		96. CITY, TOWN OR LOCATION OF DEATH HYATTSVILLE PRINCE GEOD						
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY N/A N/A				TOWN OR LOCATION SHINGTON, D.C.			10d. <u>1</u>		
100. STREET AND NUMBER 6650 GEORGIA A	VENUE, N.W	#201	101. ZIP CODE 20012			10g. CITIZEN OF WHAT CO			
11. MARÇTAL STATUS 1X Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 I	YES 2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifi f yee, specify Cuben, Mexican, Puerto Rican, etc 1 Yes 2 ND Specify:						
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of	work done duri	IPATION ng most of working	16b. KIND	OF BUSINESS/IN	IDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+) 4	EXECUT:		SISTANT	PE	NTAGON			
17. FATHER'S NAME (First, Middle, Lest) ERNEST	MORFITT			16. MOTHER'S NA META	AME (First, Middle,	Maiden Surname) CALLEN			
19a. INFORMANT'S NAME (Type/Print) ROXIE M. CASH				treet and Number or Pural M COURT, R		lumber, City or Town, State, Zip Code)			
20e. METHOD OF DISPOSITION 1	oval from State		SITION (Name	of cemetery, cremetory or				or Town, State	
21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE	-	FRA	UNIVERSIT	CLINS F	UNERAL	HOME,	INC.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	leading to immediata Enter UNDERLYING (Disease or injury tiated events DUE TO (OR AS A CONSEQUENCE OF):								
	ARDIOVASC		out not resulting in the underlying cause given in Part i.				f. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF GEATH (C	heck only one)				
EXAMINER? 1 YES 2 NO		R/Outpetient 3 DOA	OTHER:	g Home 5 - Residence	6 Other (Spec	olfy)			
27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,		JURY	LE INJURY AT WORK?	28d. DESCRIBE	HOW INJURY O	CCURED		
3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.	UURY — At home, farm, (Specify)	street, factory	, office	28f. LOCATION City or Town	(Street and Numb n, State)	er or Rural Ro	oute Number,	
Tonion only	ICIAN: To the best of my							and manner as state	
296. SIGNATURE AND TITLE OF CENTIFIE	uder M	8		29c. LICENSE NO. 26.33	MBER	29d, 0/	TE SIGNED	Month, Dey, Year)	
30. NAME AND ADDRESS OF PERSON WE MARTA ANNE SCH	NEDALRAD	SHO! MAZ	Print)	K BUDNU	INAH	C200	2/6		
31. JULE FILED (MOVED PAY. 1667)	Jula Davidson	SIGNATURE							



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ATTENDING PHYSICIA	CTOR After this centific	S MIGH COURT WITH THE C	28 is marked, or Its
OF ATTENDING PHYSICIA	DIRECTOR. After this certific	NOWES ATTAIL CORNELL WITH THE C	tem 28 is marked, or Its
TAL OR ATTENDING PHYSICIA	AU, DIRECTOR, After this certific	AZ NOWS BING CHRIST WITH THE C	If item 28 is marked, or Its
OSPITAL OR ATTENDING PHYSICIA	UNERAL DIRECTOR After this centific	TION OF HOUSE AND CREEK WITH THE C	ANT: If Item 28 is marked, or It
1E HOSPITAL OR ATTENDING PHYSICIA	E FUNERAL DIRECTOR After this certific	SO WITHIN AT INDIA'S BIRE CREEK WITH THE C	DRTANT: If Item 28 is marked, or Its
TO THE HOSPITAL OR ATTENDING PHYSICIAN. THE TAY REQUIRE SINCE IN THE CASH OF WITHIN 24 TOURS after death. Page 6 may be retained by the hos	TO THE FUNEFALL UNIFICEDIR After this cereaticans has been agained by re-attention physician and completely filled in by the huneral director, page 5 should be detach.	e theo within it hours are ceasin with the c	IMPORTANT: If item 28 is marked, or item 23 shows any editor, or their traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE UF			RIMENT				MENTAL HYGIEN REG. NO.	E		16	
	1. OECEDENT'S NAME (First, Middle,	Last)							2. DATE OF DEATH			3. TIME OF DEATH	
	FRANCES	MARGARET	MILLBI	ROOK					JULY 27	NY .	1992	12:23 A. M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1	_	IF UNDER		7. DATE OF BIRTH		e. BIRTH	PLACE (State or Foreign	
	579-07-3468	1 🗆 M 2 💢 F	78	3 YRS.	MONTHS	DAYS	HOURS	MIN.	NOV.18. 1	913	WAS	HINGTON, DC	
	9a. FACILITY NAME (If not institution,	•			9b. CITY,	TOWN O	R LOCATE	ON OF DE			JNTY OF OR		
DIRECTOR	WILSON HEALT				GA	THE	RSBUI	RG	МО	MONTGOMERY			
EG	RESIDENCE OF DECEDER	10b. COUNTY				LOCAT	ION						
DIR.	MARYLAND	MONTCOME	MONTGOMERY			10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?	
- 1	10e. STREET AND NUMBER	HONTGOTTE	KI		SILVE	-	ZIP CODE			100 CI	TIZEN OF W	1 VES 2 NO	
ER	9727 MT. PI	SGAH ROAD						2090	12		12511 01 11	THE COUNTRY	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S.	AMED	13. W	AS DECE	NDENT O	F HISPAN	IC ORIGIN? (Specify Yas	USA or No-	14. RACE — American Indian,		
BYF	1 Never Married 2 Married 3 Wildowed 4 Divorced		1 YES 2 X WAR OR DATES]NO	- 11	yes, spe	cify Cubs 2 NO	n, Mexicai	i, Puerto Rican, atc.)		Black Specif	White, atc.	
2	15. DECEDENT'S	S EDUCATION	16a. D	ECEOENT'S	USUAL OCC	CUPATIO	N		16b. KIND OF BUS	INESS/IN	DUSTRY	WILLE	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	- 4	le. Do NOT u	work done du se retired.)	inng mos	t of workin	g					
Ž	12		0	FFICE	MANA	GER			A.D. I	ITTI	E		
3	17. FATHER'S NAME (First, Middle, La						18. MOTH	IER'S NAI	ME (First, Middle, Maiden	Surname)			
n n	PAUL	PROFE						RGAR			TURI	LEY	
2	19a. INFORMANT'S NAME (Type/Print								oute Number, City or Town				
	ELIZABETH PRO)FE						E, #	711, GAITH				
	1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify,	Removal Irom State	cematery, ci	ramatory or o	OF DISPOSIT						City or Tow		
	21. SIGNATURE OF FUNERAL SERVI		MET	ROPOL	ITAN		MATO		17/27 ALE	XAND	RIA.	VA	
	11/1/	nan	11		FR	ANC	IS J	. CO	LLINS FUNE	RAL	HOME.	INC.	
	Or same south	F/114	un		50	O U	NIVE.	RSIT	Y BLVD., W	S	IL. S	SP., MD 2090	
anock, or near tellure. List only one cause on each line.								Approximate interval Between Onset and Death Royrs 10 yrs					
MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Thrower renal, failure Congestive Heast failure 1 yes 2								MED?		WERE AUTOPSY FINDINGS AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		- 1	OTHER:	26. PLA	CE OF DE	ATH (Che	ck only one)				
2	1 TYES 2 NO	1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA		g Home	5 🗆 Ras	sidence (Other (Specify)				
	27. MANNER OF CEATH 1 Natural 5 Pending		F INJURY Day, Year)	26b. TIM INJ	IE OF 2	8c. INJU WOR		NO	26d. DESCRIBE HOW IN	JURY OC	CUREO		
7	2 Accident investigs 3 Suicide a Could no 4 Homicide determin	28e. PLACE (OF INJURY — At h	ome, ferm, s	street, fector				2al. LOCATION (Street as City or Town, State)	nd Number	or Rural Ro	ute Number,	
	29a. CERTIFIER						_		7	.			
	(Check only CERTIFYING	PHYSICIAN: To the best of	f my knowledge, d	eath occurre	ed at the time	e, date e	nd place,	end due 1	o the cause(a) and men	ner aa stei	ted.		
3	296. SIGNATURE AND TITLE OF CER	MINER: On Ity beels of		nivestigatio	m, in my oph	mon, de	nth occurs	o at the t	ime, data and place, and	dua to th	ne cause(a)	and menner ee stated.	
	Heurek!	Deru	5501	het.	7		29c. LICE	12	504	29d. DAT	7/27	Month, Day, Year)	
	HENRY C. SCRUG					AND,	#20	6C,	BETHESDA,	MD :	7 20814		
HENRY C. SCRUGGS, M.D. 5413 W. CEDAR LAND, #206C, BETHESDA, MD 20814 31. DATE FILED (Month, Day, Year) JUL 29 92 JUL 29 92													



1	-	STATE REGISTR	AF
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last) EVELYN SWEDLUND MENGES 2. DATE OF DEATH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH MONTH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DEATH DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON THE OF DAY, ON T							
	7/26/9 Da. TIME OF DEATH6:						
512-01-1730 1 M 2 X) F 73 YRS. MONTHS DAYS HOURS MIN. (Month, Day, 16er) OCT. 17, 1	918 KANSAS						
9a. FACILITY NAME (If not institution, give street end number) SUBURBAN HOSPITAL BETHESDA BESIDENCE OF DECEDENT	90. COUNTY OF DEATH MONTGOMERY						
MD. MONTGOMERY ROCKVILLE	10d. INSIDE CITY LIMITS? 1 X YES 2 \(\subseteq \text{NO} \)						
	10g. CITIZEN OF WHAT COUNTRY?						
199 ROLLINS AVE #206 20852	U.S.A.						
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:	Black, White, etc. Specify:						
15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSIN	WHITE						
(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.) [Give kind of work done during most of working life. Do NOT use retired.)	VERSITY OF ILL.						
17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Melden Su							
	ODINE						
19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, S							
RICHARD E. MENGES 10309 CHERRY TREE LN., S	2000						
20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCAL	TION — City or Town, State						
1 U Surial 2 32 Cremation 3 U Removal from State cametery, crematory or other place)	IVERDALE, MD.						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							
MOO091 W. W. CHAMBERS CO. II	ILVER SPRING, MD NC., 20910						
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad Onset and Dad On							
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** tending physician. 21215-0020 BALTIMORE, MARY AND TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be returned to need to THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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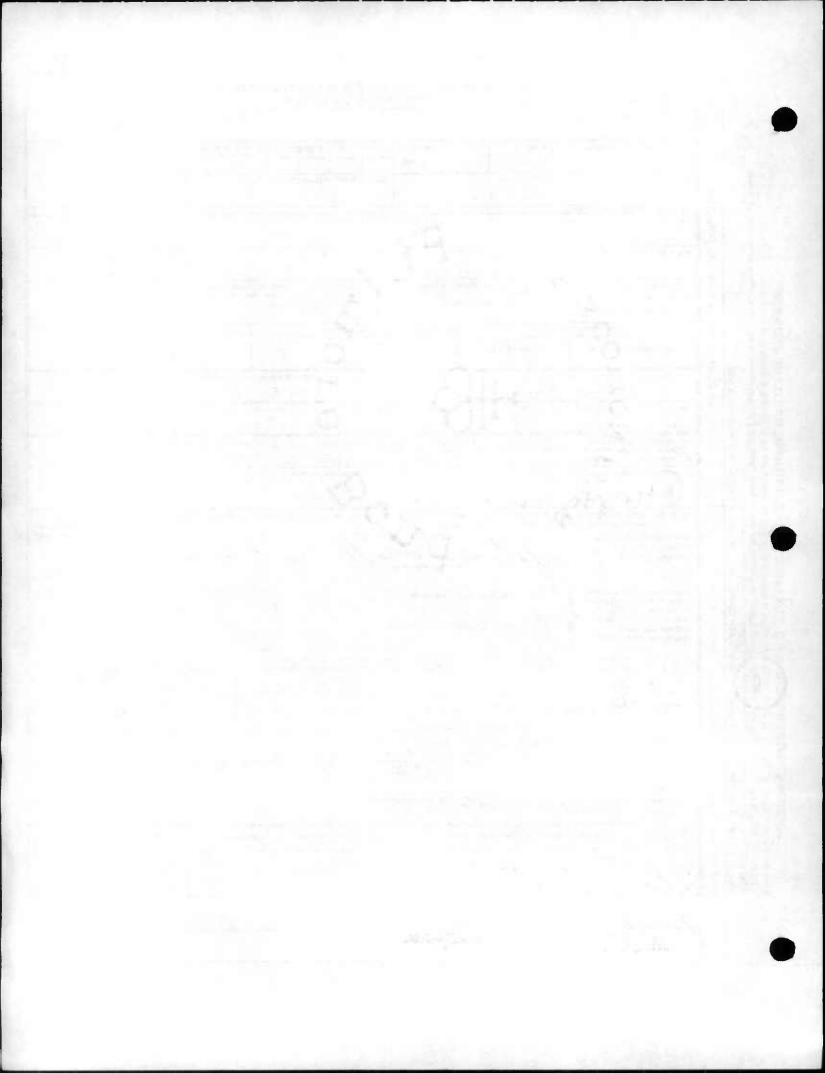
BOX 68760, P.0 DIVISION OF VITAL

3. TIME OF DEATH P. **EDNA** 1992AT Brown MORGAN 07 5:20 27 A M A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign YRS. Feb 9 1953 Maryland Se. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1039 N. STRICKER ST. DIRECTOR BALTIMORE Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Baltimore Maryland 1 TYES 2 NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 1039 N. Stricker Street 21201 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If was anneify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ri
1 YES 242NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 🔀 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 166 KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College [1-4 or 5+) Unemployed 12 Grade None once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) 7 Gilbert Morgan Annie Long BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) (Sister) 0 Hall Margarite Havlock Rd, Md 20706 Lanham, P 20a. METHOD OF DISPOSITION
1 □ Buriel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must Zion 4 Donation 5 Other (Specify) ... Cemetery 7/31 Laurel, Md examiner 21. SMIRKTURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Snowden Funeral Home P.A. 20850 Rockville, Md medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata Arterios lerotic Heart Disease shock, or heart failure. List only one cause Interval Betw IMMEDIATE CAUSE (Final Onset and Death the disease or condition workerolle resulting in death) traumatic event, DUE TO IOR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 8 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 24e. WAS AN AUTOPSY Fatty Liver TES 2 NO OF DEATH? LEYES 2 NO has be Dept. PHYSICIAN: this certificate har with the State De irked, or item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 X YES 2 | NO ng Home 5 AResidence 6 - Other (Specify) 4 - Nu the o 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) marked, 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural Accident 5 Pending M 1 YES 2 NO BY 26s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) TO THE HOSPITAL OR ATTENDIN
TO THE FUNERAL DIRECTOR: Aft
be filed within 72 hours after de.
IMPORTANT: If item 28 is r 60 COMPLETED 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29a. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) O.C.M.E ▶07-27-1992 2 NO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 N. PENN ST. BALTIMORE, MARYLAND PERE 2120 31. DATE SHED (MONTH). 12. REGISTRAN'S SIGNATURE da 82

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH



DIVISION OF VITAL BEOORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICAN: The life requires in the castill cate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. the Mente releases foly.

		1. DECEDENT'S NAME (First, Middle, Last)	1- 4	1 . 4 1 1			DATE OF DEATH	Y YEA	3. TIME OF DEATH		
		DONALD 1		MINNI	X		7 26		1.1		
		4. SOCIAL SECURITY NUMBER 5. SEX		MONTHS.			MATE OF BIRTH Month, Day, Year)	B. B.	IRTHPLACE (State or Foreign ountry)		
P		310 20 3747	M 2 🗆 F	O YRS.			10 24 9	2/ Wa	shington, DC		
3 should	cc	9e. FACILITY NAME (If not institution, give street end r	,		TY, TOWN OR LOCATI			9c. COUNTY C			
1, 2,	DIRECTOR	RESIDENCE OF DECEDENT	SPITAL		BETHE	SDA		MOR	T60MERY		
Pages 1	H.	10e. STATE 10b. COUNTY		10c. CITY, TOWN			-		10d. INSIDE CITY		
£		MB MONTG	1 A TES 2 NO								
E ed	FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WH									
transi	R	8416 - YN WOOD			20	815		U.S			
the burial-transit permit.		1 Never Married 2 Aberried FOR	S DECEDENT EVER IN U. RCES? 1 X YES 2	2 NO	3. WAS DECENDENT (If yes, specify Cubs	an, Mexican, Pue	NGIN? (Specify Yes arto Rican, stc.)		RACE — American Indian, Black, White, atc.		
96	BY	3 Widowed 4 Divorced	YES, GIVE WAR OR DATE	.s	1 TYES 2 NO	Specify:		Specify: White			
use as	9	15. DECEDENT'S EDUCATION (Specify only highest grade completed	16	6a. DECEDENT'S USUAL ((Give kind of work done	OCCUPATION		16b. KIND OF BUS	INESS/INDUSTR			
ě	LET		pe (1-4 or 5+)	life. Do NOT use retired.	(.)	ng					
detached once.	COMPL			Civil Engi			Engine				
be det		17. FATHER'S NAME (First, Middle, Last) Allen Mit	nnix		4.5		irst, Middle, Maiden S	Surname)			
	BE	19a. INFORMANT'S NAME (Type/Print)	IIIIII	Table MAN INC ADDRE			Colton				
5 should notified	임	Marietta N. Minnix		196. MAILING ADDRES							
page De		20s. METHOD OF DISPOSITION	20b.Pl	LACE AND DATE OF DISPO	Wood Plac			EATION — City o			
director, p er must		1 \(\) Burial 2 \(\) Cremation 3 \(\) Removal from 4 \(\) Donation 5 \(\) Other (Specify)	a State cemeter Ro	ory. crematory or other place	emetery		-30 Wash				
6 5		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	22	NAME AND ADDRE	ESS OF EACH ITY	1		, 00		
		· I was C.	I A Jak		JOSEPH GA 5130 Wisc	AWLEK'S	SONS, I	NC	C 20016		
od in by the or removal. medical e		23. PART I. Enter the diseases, or complica	cardiac or reapir	ratory erreat,	Approximate						
POE		IMMEDIATE CAUSE (Finel	y one ceuse on each	h line.					Interval Between		
ompletely fill, i, cremation, event, the		disesse or condition	VOCAMIA	1. 16	FARCT	100)			ACUTE		
		11	DUE TO (DR AS A CO	ONSEQUENCE OF)	~	1000		1	11010		
	NO	disease or condition resulting in death) ACUTE Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
sician and c prior to buriz traumatic	ERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CU	INSEQUENCE OF):							
4 8 P	윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):							
Intending Ital Hygie Y, or oth	E	resulting in death) LAST									
Viental Jury,	O	DAST II Other significant conditions contri	threaten to death heat	- A Jale - In Abo -							
-	EDICAL	PART II. Other significant conditions contrit	buting to death but i	not resulting in the u	inderlying ceuse (given in Part i	I. 24a. WAS AN A PERFORM		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
A Ed							1 TYES X	X NO	COMPLETION OF CAUSE OF DEATH?		
100	2								1 YES 2 NO		
19 2	AN	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF O	DEATH (Check on	Ar one)				
certificate the State , or Item	PHYSICIAN:	EXAMINER? HOSP	PITAL:	ont 3 DOA 4 No							
	Ĭ		e. DATE OF INJURY	28b. TIME OF	28c. INJURY AT		DESCRIBE HOW IN	JURY OCCURED)		
the this	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 7 26 9>	1410 M	WORK?	THO CY	LLAPSE	A PL	NYING GOLK		
R. Atter or douth is ma		3 Suicide 8 Could not be 28e		Al home, ferm, street, fac	ctory, office		LOCATION (Street and City or Town/Shate)	nd Number or Rui	ral Route Number,		
S E	ETE	4 Homicide determined		COURSE	-	79	100 601	IN. AU	e Bettles		
L DIRE	P	290. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To t	the best of my knowledg	ge, death occurred at the	lime, date end place,	, end due to the	cause(s) end menr	ner se stated.	- Annual Control		
								I due to the cau	se(e) end manner es stated.		
TO THE FUNERA De filed within 7 IMPORTANT: I	w	290. SIGNATURE AND TITLE OF CERTIFIER	1/1/1		29c. LICI	ENSE NUMBER		29d. DATE SIGN	NEW (Month, Day, Year)		
5 4 A	0	Allen a	HIL	4	000	2070	199	17/	26/91		
	- 1	30. NAME AND ADDRESS OF PERSON WHO COMPLE	ETED CAUSE OF OEATH	(TEM 27) (Type, Print)	A	\ \S	>	1	MA SIG		
		TRAVES C NAME OF MANY DEL	10215/		000	1 /	57 HB	SON	MD20815		
		31. DATE FILED (Month, Day, Year) 32	THE DEVISER	Roodelle							
	- 1	OL									

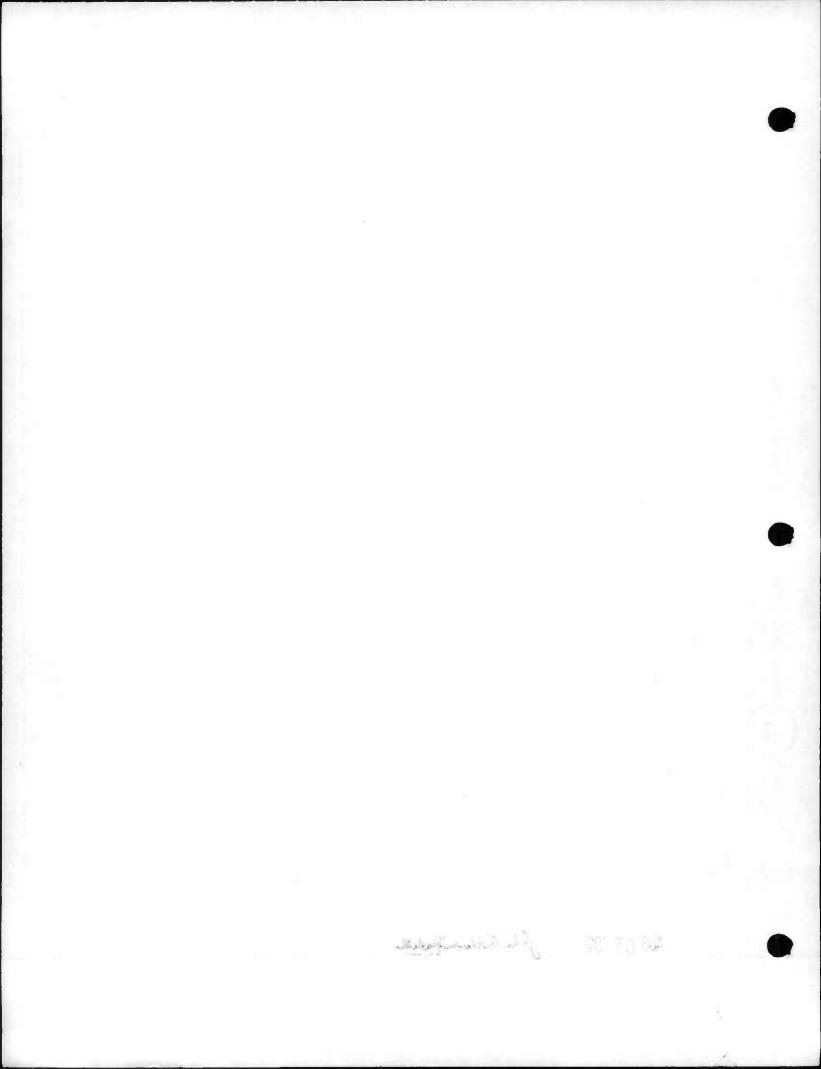


DIVISION OF VITAL PECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICANT That the death cartillates be excusted when 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this only attracting the property of the property of the physician and the physician physician physician for the property of the physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician ph

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Lest) ELEANOR	ELEANOR C. N	ACALEER	ALEE		2. DATE MONT	OF DEATH	IV Y	EAR 7	7:35	ATH D M	
	4. SOCIAL SECURITY NUMBER 214-36-3003	1 - M 2 DXF 76	(in yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	TE OF BIRTH COUNTY) I S BIRTHPLACE (State of Country) LY 7,1916 MASSACHUSE			ACE (State or		
TOR	90. FACILITY NAME (If not institution, give the HOLY CROSS HOSP RESIDENCE OF DECEDENT	•			OR LOCATION OF D				9c. COUNTY OF DEATN MONTGOMERY			
DIRECTOR	10a. STATE 10b. COUNT	y NTGOMERY	10c, CITY	Y, TOWN OR LOCA WHEATO						Od. INSIDE CIT LIMITS?		
FUNERAL	100. STREET AND NUMBER 12401 CONNECTICU	REET AND NUMBER OF CONNECTICUT AVENUE			101. ZIP CODE 20906					AT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 XNO					17 (Specify Yee Ricen, etc.)	or No- 14	USA or No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED								RAL GOVERNMENT				
SON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First,			DICITI-	LENI		
BE (ARTHUR J. CRORY						BOROV					
9	19a. INFORMANT'S NAME (Type/Print) CHARLES A. McALEI	ER (HUSBANI			and Number or Rural							
	200. METHOD OF DISPOSITION	200	.PLACE AND DATE O		ICUT AVE	-		ATON, MARYLAND 20906 LOCATION — City or Town, Stata				
	1. Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	FORTLIN	COLN CE	METERY		BREN					
	22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20								INC.	001		
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory street, shock, or heert feliure. List only one cause on eech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Das U.S. C. A.R. C. I.N.O.M.A. L.U.N.G. C.A.R. C. I.N.O.M.A. L.U.N.G. C.A.R. C. I.N.O.M.A. DUE TO (OR AS A CONSEQUENCE OF):								Between od Dasth			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
BY PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse g MYOCARDIAL INFARCTION RESPIRATORY FAILURE						Puse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C)	reck only or	10)					
YSI	1 - YES 2 1 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	attent 3 DOA	OTHER: 4 D Nursing Hore	ne 5 🗆 Residence	6 🗆 Othe	r (Specify)					
ВУ РН	27. MANNER OF DEATN 1. Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)		URY WC	YES 2 NO	28d. DE	SCRIBE NOW IN	N/A	RED			
								nd Number or	Rural Rou	te Number,		
COMPLETED		CIAN: To the beat of my know							Buse(s) s	nd manner as	stated,	
BE		lani mo			29c, LICENSE NU		3	29d. DATE S	eth.	onth, Day, Year	,	
2	30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Type,	Print) CKWO	OD D	RIV	E. SI	LVET	r Sp	RINGS,	MD	
	31. DATE FILED (Morith, Day, Year)	32 REGISTRAR'S SIGN	ATURE				,			2	0901	



2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year) Sept.22,1929

July

31,

1992

9c. COUNTY OF DEATH

Montgomery

alle event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death curincian be enabled to THE FUNERAL DIRECTOR: After this certificate has been signed by the attendity to the month of the behalf that the principle of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the	IMPORTANT. II HERE SO IS HIGHEN, OF HERE SO SHOWS ONLY INJURY, OF WHICH AND AND AND AND AND AND AND AND AND AND
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COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Ruth Lorraine Myers 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 🗆 M 2 🙀 F DAYS 62 579 34 2498 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Gaithersburg 400 N. Summit Avenue RESIDENCE OF DECEDENT

8. BIRTHPLACE (State or Foreign Country) Maryland

3. TIME OF DEATH

2:45 p

10e. STATE	10b. COUNTY	1		10c. CITY, TO	WN OR LOCA	TION				10d. INSIDE CITY	
Maryland	Mont	gomery		Gai	thers	ourg				LIMITS?	
10e. STREET AND NUMBER					10	H. ZIP CODE		10g.	CITIZEN OF W	HAT COUNTRY?	
400 N. Summ	it Av	enue #003				20877		Un	ited S	States	
11. MARITAL STATUS 1 Never Married 2 A		12. WAS DECEDENT EV FORCES? 1	YES 2 X	ES 2 XNO If yes, spe			CENDENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14 pecify Cuban, Mexican, Puerto Rican, etc.) S 2 K NO Specify:			4. RACE — American Indian, Black, White, atc. Specify:	
3 Widowed 4 N Divorc					1					White	
15. DECE (Specify only	DENT'S EDU highest grade		(0	ECEDENT'S USU Give kind of work	done during m	ION lost of working	16b, KIND	OF BUSINESS	INDUSTRY		
Elementary/Secondary (0-1	12)	College (1-4 or 5+)		e. Do NOT use rel					- ·		
12 17. FATHER'S NAME (First, Mid	idle Leet		Adi	ministr	ative	Assistan		ineeri		rm	
	oper					18. MOTHER'S NA Ruth		Rosenb			
19a. INFORMANT'S NAME (Type Thomas Earl						and Number or Rural I				ryland 2085	
	-										
20a METHOD OF DISPOSITION 1 ♣ Burlel 2 ☐ Cremetion		oval from State	cometery, cr	and Date OF Di ematory or other I awn Mei	SPOSITION (A	lame of 8-4-9:		0c. LOCATION			
4 Donation 5 Other (S		euser. A	Parki	awn Mei						laryland rey Funera.	
* XX	A)	7	M006	689	Home		e, Inc.	300	West 1	Montgomery	
23. PART I. Enter the dis	easea, or c art failure.	complications that ca List only one cause	used the de	eath. Do not o						Approximate interval Between	
IMMEDIATE CAUSE (Final disease or condition										Onset and Deat	
resulting in death)	>	. Coronar			ease					Years	
		DUE TO (DR	AS A CONSE	DUENCE OF):							
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN	late	bDUE TO (DR	AS A CONSE	DUENCE DF):	<u> </u>						
CAUSE (Disease or injury that initiated events	1	DUE TO (OR	AS A CDNSE	DUENCE OF):							
resulting in death) LAST		d									
PART II. Other algnifican	t condition	s contributing to dea	th but not	resulting in th	ne underlyli	ng cause given in	P	VAS AN AUTOP PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
							_ '''	YES 2 🔀 NO		OF DEATH? 1 ☐ YES 2 ☐ NO	
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					LACE OF DEATH (Ch	ck only one)				
1 YES 2 NO		HOSPITAL: 1 ☐ Inpetient 2 ☐ ER	/Outpatient	3 DOA 4	THER: Nursing Ho	me 5 KResidence	6 Other (Speci	ny)			
27. MANNER OF DEATH 1 A Netural 5 P	ending rvestigation	26e. DATE OF INJI (Month, Day, Y		26b. TIME OF	W	JURY AT ORK? YES 2 NO	28d. DESCRIBE	HOW INJURY	OCCURED		
3 Suicide 6 C	ould not be	26e. PLACE OF IN- building, etc.	JURY — At he (Specify)	oma, farm, stree	t, factory, offi	ce	281. LOCATION (City or Town	(Street and Num , State)	nber or Rural R	loute Number,	
		CIAN: To the best of my									
2 MEDIC		R: On the basis of sxami	nation end/or	investigation, in	my opinion,	death occured at the	time, date and pi	acs, and due t	o the ceuse(s)) and manner ee stated.	
296. SIGNATURE AND TITLE O	OF CENTIFIE	10		// -		29c. LICENSE NUM	IBER	29d. (DATE SIGNED	(Month, Day, Year)	

D557

Raymond T. Benack, M.D., 4115 Colie Drive, Wheaton, Maryland

32. REGISTRAR'S SIGNATURE

▶ August 01, 1992

Subject of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta ANG 03 *82

3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

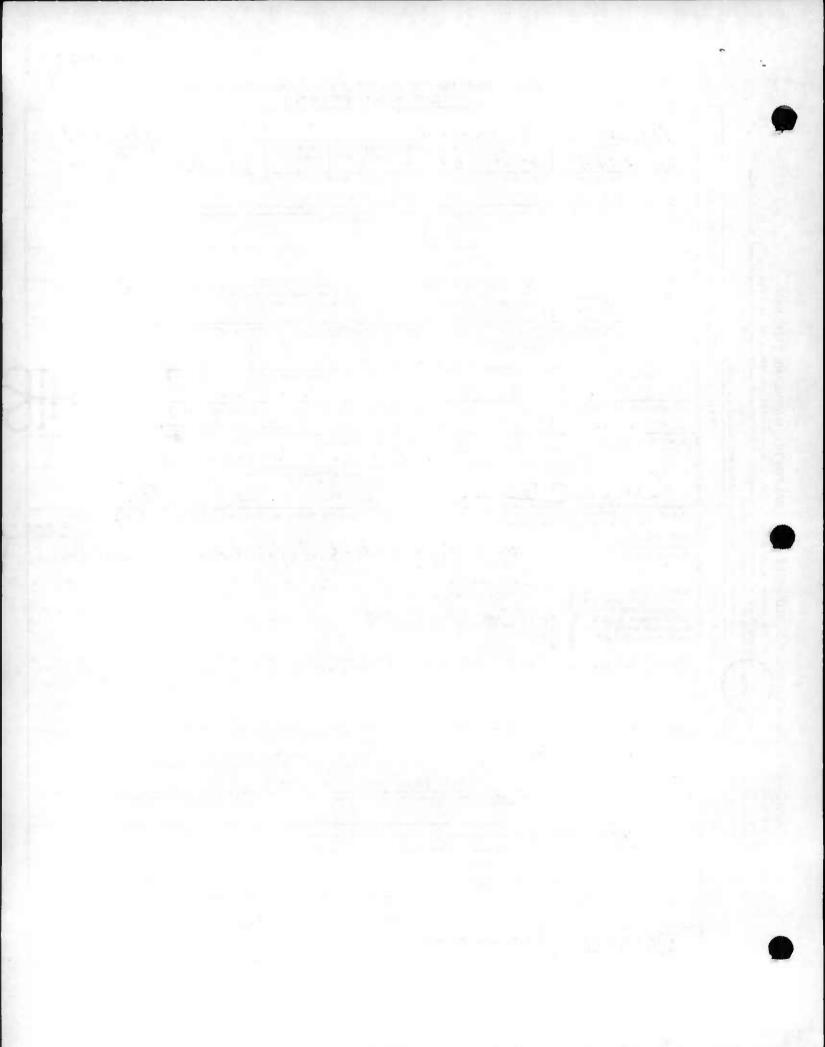
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4. SOCIAL SECURITY NUMBER YEAR MCLAUGHLIN 1759 30 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 69 Venetta, WV 1 DW 2 | F MONTHS DAYS HOURS 236-18-0471 3/ filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should on, or removal. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? WV Berkeley Springs Morgan 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Route 3 Box 1650 25411 USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced 1 TES 2 NO BY Specify Specify: White WWII COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 11 Lithographer Printing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 7 Archibald E. McLaughlin Mabel Cruickshank BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 2 Route 3 Box 165C Berkeley Springs, WV 25411 Iris D. McLaughlin executed within 24 hours after death. Page 6 may be pe 20e METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must. Quantico Wational Cemetery 8-3-92 Triangle, VA 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner Helsley-Johnson Funeral Home, Inc. 12 306 Union St. Berkeley Springs, WV 25411 the medical 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line 6 interval Between IMMEDIATE CAUSE (Final Onset and Death physician and completely filler in the prior to burial, cremation, disesse or condition resulting in death) event. any, or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CO) If any, leading to immediate cause. Enter UNDERLYING 2 therbscle death certificate CAUSE (Disesse or injury that initiated events resulting in death) LAST 23 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 量 gs any 1 TYES 2 XINO 1 YES 2 NO PHYSICIAN: certificate has been the State Dept. d, or item 23 s A 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: OR ATTENDING PHYSICIAN: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) TO THE HOSPITAL OR ATTENDING PHYSICIN TO THE FUNERAL DIRECTOR: After this cert be filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, o 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, lerm, atreet, fectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dus to the cause(s) and manner as stated. (Check only one) MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and placs, and due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30 00 2 30. NAME AND ADDRESS OF WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 000 AUG 05 1992 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

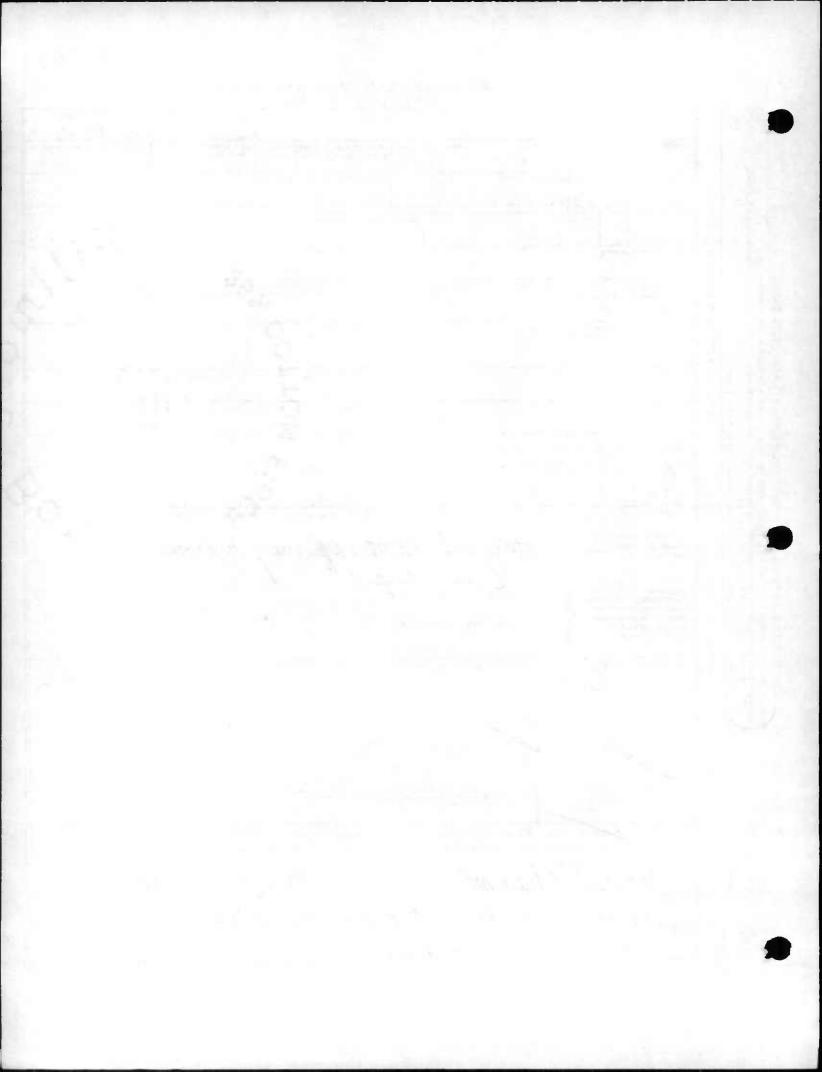
CERTIFICATE OF DEATH



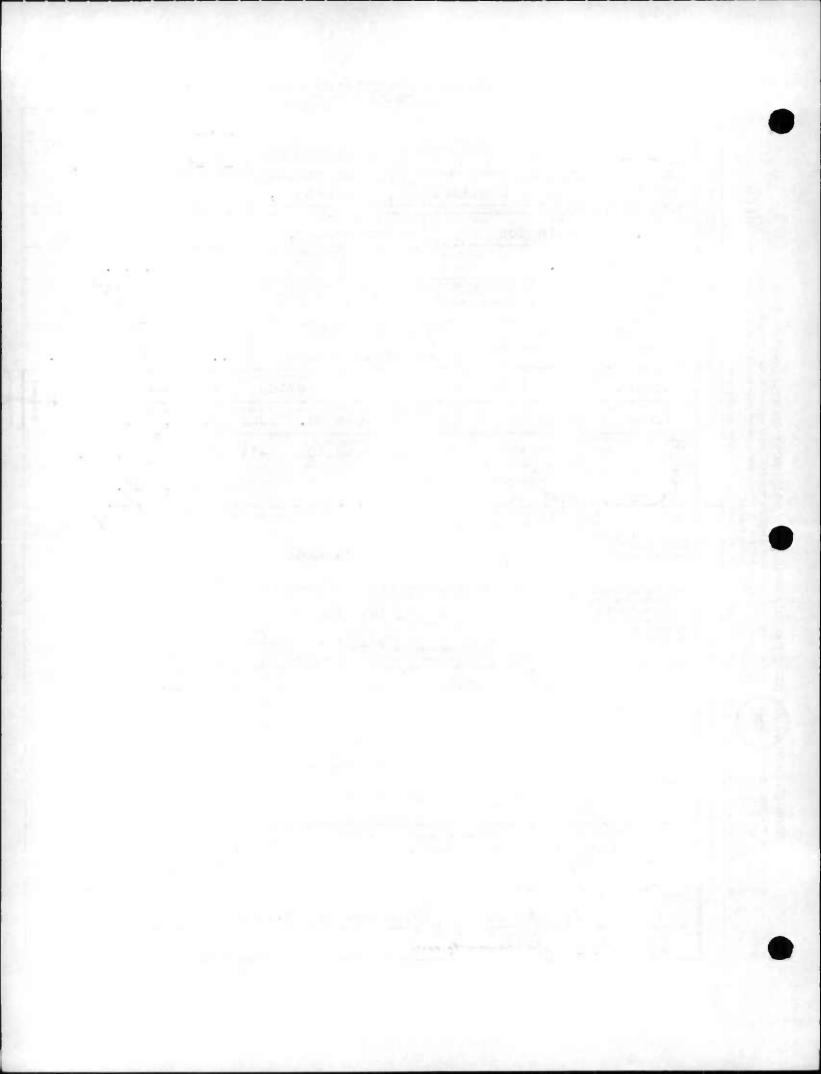
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DIVISION OF VITAL BECORDS, P.O. BOX 68760,	requires that the death certificate be executed within 24 hours aft
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The
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	1 - FOR STATE REGISTRAR	STATE OF MARY	CERTIF	ICATE OF			SIENE . NO.		
	1. DECEDENT'S NAME (First, Middle, L	Calvin I Moot	Isaac Mo	oats		2. DATE OF DEA MONTH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-76-6279 9a. FACILITY NAME (If not institution, g	1 🔀 M 2 🗌 F	(In yrs. lest birthday) 3 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Young 1	1,1959	West	Virginia
CTOR	Washington Cou		Hagers	town	EATH		Shin	eton	
DIREC	10a. STATE 10b. CO Virginia			y, town on Loca					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	1453 Eddstone	e Drive			II. ZIP CODE	2	USA	ZEN OF W	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR S	2 XNO	If yes, sp	CENDENT OF HISPAI pecify Cuban, Maxica 3 2XXNO Specify	in, Puerto Rican, et	Ify Yes or No-	14. RACE Black, Specify	- American Indian, Whita, etc. V: White
PLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)		16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			166. KIND O	16b. KIND OF BUSINESS/INDUSTRY		
E COMPL	17. FATHER'S NAME (First, Middle, Lest Paul J. Moats		2 Manager 18. MOTHER'S N Patsy				faiden Sumame)		
TO B	19a. INFORMANT'S NAME (Type/Print) Patsy I. Moats		1		and Number or Aurel Ridge Ro	Route Number, City	or Town, State, Zip		1750
	1 Departion 3 Removal from State Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commettery Commetter Commetter Commetter Commetter Commetter Commetter Commettery Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Comm								
	immediate cause (Final disease or condition resulting in death)		A CONSEQUENCE O						Interval Batwa Onset and De
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE O	F):					
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SICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	LACE OF DEATH (Ch				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigati	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c. IN.	JURY AT DRK? YES 2 NO		HOW INJURY OCC	URED	
ETED 8	Similar State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State Stat						Street and Number State)	or Rural Ro	oute Number,
COMPL		HYSICIAN: To the best of my know MINER: On the basis of examination							and manner as stated
TO BE	296. SIGNATURE AND TITLE OF CERT	Chan, mi)	315-		D3(d	o 55	29d. DATE	BIGNED (Month, Day, Year)
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	AUG 0 7 19	192 Juli Sam	NATURE	L					



	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEAL		NTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) Robert Euge	ne Mills			2	BONTH 199		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220-16-3163	12m 2 □ F 67	YRS. MON	THE DAYS HOU	PE MINI.	DATE OF BIRTH (Month, Day, Year) $12-29-1$	924	THPLACE (State or Foreign intry)	
TOR	98. FACILITY NAME (If not institution, give s Washington Cou			Hagerst		н	Washin		
DIRECTOR	MD. Wash:		wn or LOCATION Ir Sprin			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	12087 Cove Rd.			101. ZIP 0 217			U.S.	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES				ORIGIN? (Specify Yes Puerto Rican, etc.)	es or No- 14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Ilfe. Do NOT use ret	done during most of w ired.)	ne during most of working d.)			Park Assoc.	
BE COM	17. FATHER'S NAME (First, Middle, Lest) Robert Elwood	d Mills			ovena	(First, Middle, Meiden Mae E	Sumeme) Provard		
TO B	199. INFORMANT'S NAME (Type/Print) Teresa McCuske		19b. MAILING ADD 11875	Cove Rd	mber or Aurel Aou Clea	te Number, City or Town	n, Stete, Zip Gode)	21722	
	20e-METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)		PLACE AND DATE OF DI	eme te		11 92 Bi	cation – city or g Pool	Town, State MD.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Z. Da	26	Thompso	n Fune	eral Hom Clear St	e, Inc	D. 21722	
CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events	a. Due to one sale	d the death. Do not elect line. Walland a consequence op: A consequence op: A consequence op: A consequence op: A consequence op:	ty Electronic of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of t	W	a cerdiac or reapi		Approximate Interval Between Onset and Death	
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SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE 0 HER: Nursing Home 5	F DEATH (Check				
ву РНУ	27. MANNER OF DEATN 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY A' WORK? M 1 YES	7 20		OW INJURY OCCURED		
	28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify)					261. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			
COMPLETED		CIAN: To the best of my know R: On the basis of examination						e(s) end menner es stated.	
TO BE	296. SIGHATURE AND TITLE OF CHIRTIPIES	UMD			LICENSE NUMBE	R	≥ S/G	(Month, Day, Year)	
	1185 MT. AET	O COMPLETED CAUSE OF DE	MAGRISTA	wow mi	3/14	60	11		
	AUG 1 0 1992	Jan Senden							



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92 22655 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 4:45 AM 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYE 06 North Carolina 9c. COUNTY OF DEATH DIRECTOR 10e. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 Carroll FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4001 Terrace Drive 21071 USA 11. MARITAL STATUS 12. WAS OCCEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 14. RACE - American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working (Give kind of work done life. Do NOT use retired.) dary (0-12) College (1-4 or 5 +) Postal Worker Millers Post Office 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Bert Yelton Deliah Harrell BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
4001 Terrace Drive, Hampstead, Md. 21074 2 George H. Mosebrook 20e. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Buriel 2 Cremetion 3 Removal from State

Donation 5 Other (Specify) Kirkridge Cemetery Manchester, Md. 8/5 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home Lany 934 S. Main Street, Hampstead, Md. 21074 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Varicella reaulting in death) mmunocom PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Term CAUSE (Disease or Injury DUE TO JOR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Anemia 1 TYES 2 NO Phenomena 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: t TYES 2 THO 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 8 29d. DATE SIGNED (Menth. Day, Year,

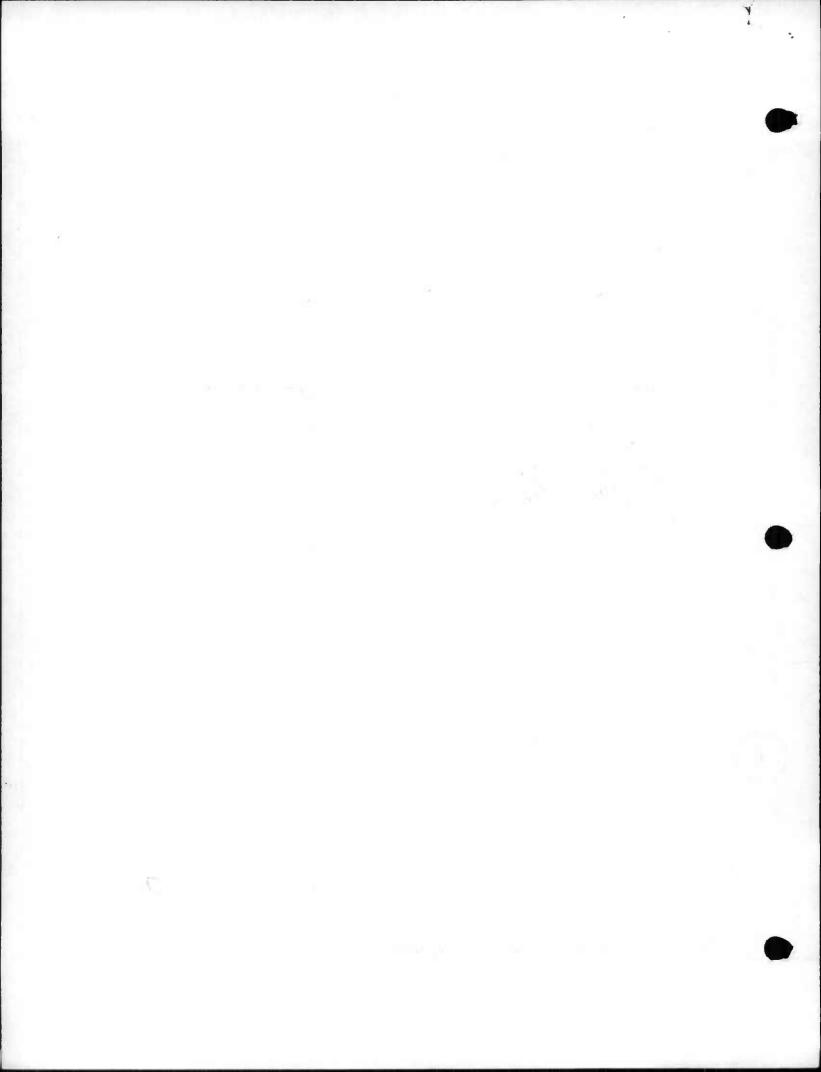
PLETED CAUSE OF DEATH (ITEM 27) (Type Print)

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BALTIMORE, MARYLAND 21215-0020	The w requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	curricultures been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be by: of Health and Mental Hyglene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING Prince The Windpiles that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR has not completely fills be signed by the attending physician and completely fills be filed within 72 hours and completely fills.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)	L.	M	Decis	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH P			
		OM 2 BF	4 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHB DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-23-25	a. BIRTHPLACE (State or Foreign Country) Minnesota			
TOR	PENINSULA REGION			SALISBURY		COUNTY OF DEATH WICOMICO			
DIRECTOR	10a. STATE 10b. COUNTY	ester		OWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 Privo			
FUNERAL	10e. STREET AND NUMBER 9202 Cropper I	s. Rd.		101. ZIP CODE 21841	109	USA			
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic 1 — YES 2 NO Speci		14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ION npieted) College (1-4 or 5+)	He. Do NOT use re	done during most of working	16b. KIND OF BUSINES				
BE CON	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Malden Surne STOCKING				
TO B	19a. INFORMANT'S NAME (Type/Print) Edward L. Morr	is		DRESS (Street and Number or Rural Cropper Is.		k, Md., 21841			
	20a. METHOD OF DISPOSITION 1	from State cemel	PLACE AND DATE OF D	ISPOSITION (Name of	DATE 20c. LOCATIO	Shury, Md			
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME AND ADDRESS OF F	ACILITY	Berlin, Md.			
	23 PART . Enter the diseases, or com- shock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on eac	ch line.		ch aa cardiac or reapirator	Approximate interval Between Onset and Death			
NO	disease or condition resulting in death) Due to (or as a consequence or): Sequentially list conditions, Due to lord as a consequence or): Due to lord as a consequence or):								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	•	CONSEQUENCE OF):						
CERTI	resulting in death) LAST								
AEDICAL	PART II. Other algorificent conditions of	ontributing to deeth but	t not resulting in t	ne underlying cause given in	24s. WAS AN AUTO PERFORMED? 1 YES 2 N	7 AMAILABLE PRIOR TO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	hack only one)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
IYSIC		OSPITAL: Inpatient 2 ER/Outpat	Nent 3 DOA 4	THER: ☐ Nursing Home 5 ☐ Realdence	6 Other (Specify)				
B⊀	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28a. PLACE OF INJURY —	M 1 YES 2 NO			Y OCCURED			
ETED	3 Suicide 6 Could not be determined	building, atc. (Specif)	ν)		281. LOCATION (Street and Nu City or Town, State)				
COMPLETED	(Check only 1 CERTIFYING PHYSICIAN			the time, data and place, and du my opinion, death occured at the		is stated. I to the cause(a) and manner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED	Sind-		DZ8	198 Þ	DATE SIGNED (Month, Day, Year)			
	LILAH C. GONZA	DMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Pri	OLD O.C.	BLUD BE	RUN, MD21811			
2	31. DATE FILED (Month, Day, Year)	12 EGISTRAR'S SIGNAT							



BIRTHPLACE (State or Foreign Country)

0:20Pm

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IF UNDER 1 YEAR

DAYS

6. AGE (In yrs. last birthday)

7. DATE OF BIRTH (Month, Day, Year)

I The law requires my the death	us been sig	Dept. of Health and Mental H	m 28 is marked, or item 23 shows any editor, and other traumatic event, the medical examinar must be notified at once.	
THE HOSPITAL OR ATTENDING PHYSICIAN	HE FUNERAL DIRECTOR: After this	filed within 72 hours after death with the State	ORTANT: If Item 28 is marked, or	

inficate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HOSPITAL OR ATTENDING PHYSICIAN: TITE IN TROUTE IN

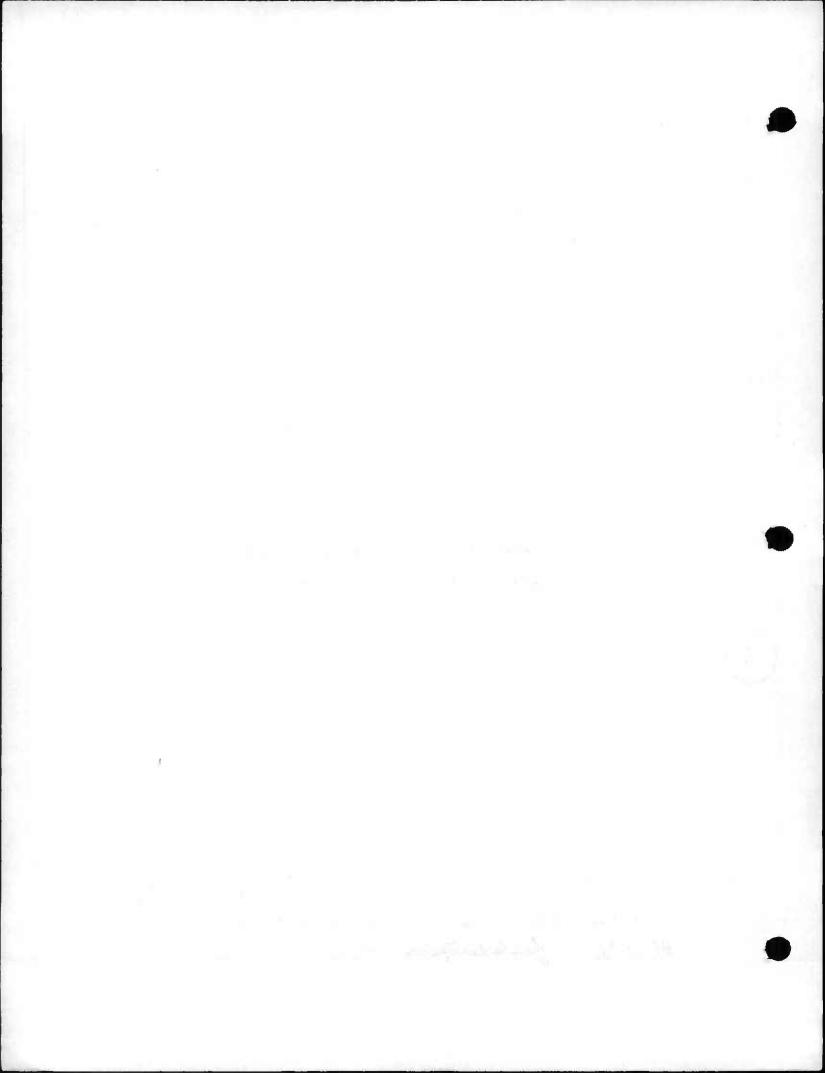
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BALTIMORE, MARYLAND 21215-0020

213-12-1002 71 1920 Maryland Dec. 18. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Mary Ls BE COMPLETED BY FUNERAL DIRECTOR conar RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland St. Mary's Leonardtown 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Route 2, Box 39J9 20650 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 2 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 2 Divorced 1942-1945 White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) ast of working Elementary/Secondary (0-12) College (1-4 or 5+) 2 Builder Self Employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname, Henry M. Musser Mary Gartner 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 19801 Bucklodge Rd., Boyds, MD 20841 Thomas W. Musser, Jr. 20g, METHOD OF DISPOSITION
1 A Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State cometery, crematory or other place)
Parklawn Memorial Park 4 Donation 6 Other (Specify) 8/5 Rockville, IÇUŞIE ÇIF FUNERAL, GERVICE LICENSIEE 22. NAME AND ADDRESS OF FACILITY DE Vol Funeral Home 10 East Deer Park Drive Gaithersburg, MD 20877 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition RDORESPIRATOR resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 X NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 - YES 2 NO 1 M Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Rasidence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🔯 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) 4K JI D 15360 8 2197 2 6 9 3 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Shanti Medical Center 2 Box 664, Leonardtown, MD 20650 31. DATE FILED (Month, Day 32. REGISTRAR'S SIGNATURE relia Savidson '97 14 DHMH-16 Rev 1/89



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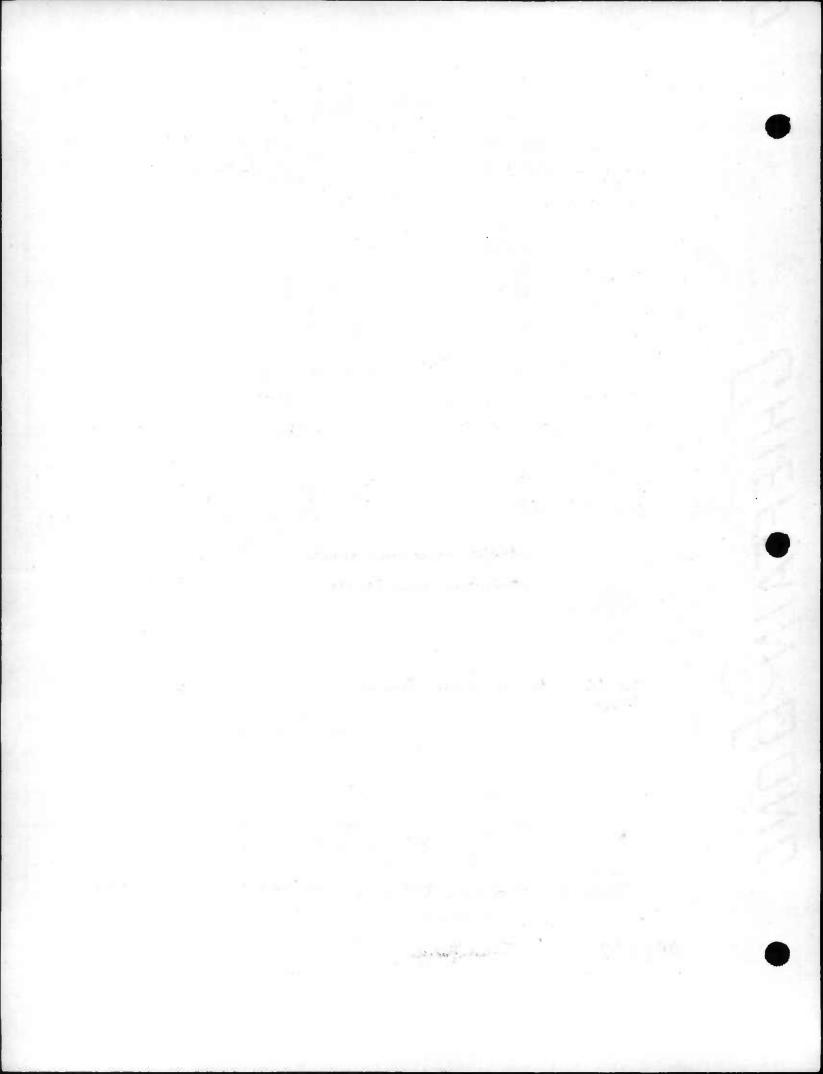
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement and math cartificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this cartificate has been untending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dear of Health and Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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_	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALT			IYGIENE REG. NO.																	
	1. DECEDENT'S NAME (First, Middle, Last)	TUEN THIUKE	McGHEE, J	R.		2. DATE OF MONTH	DEATH	YEAR 3. TIME OF DEATH																
	FRED 6. 1	MCGHEE				8	-1-9	2 130																
	4. SOCIAL SECURITY NUMBER 491-03-7087	1√2 M 2 □ F		FUNDER 1 YEAR IF UND DNTHS DAYS HOUNS	1	7. DATE OF I	ly, Year)	BIRTHPLACE (State or Foreign Country) MISSOURI																
_	Se. FACILITY NAME (If not institution, give :			b. CITY, TOWN OR LOCA			200.30.0	ITY OF DEATH																
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DIRECTOR	10a. STATE 10b. COUNT	•		TOWN OR LOCATION				10d. INSIDE CITY																
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FUNERAL	100. STREET AND NUMBER		. /	101, ZIP CODE			10g. CITI	ZEN OF WHAT COUNTRY?																
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B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 □ YES 2 🖺 N	O Specify:			Specify: WHITE																
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COMPL	17. FATHER'S NAME (First, Middle, Lest)	4	WRITER	T			DERAL GOV	ERNMENT																
ECC	FRED E. McGHEE,	SB		16. 100			CRAWFORD																	
00	19a. INFORMANT'S NAME (Type/Print)	DIX.	196. MAILING AI	ODRESS (Street and Numb				Code) 20901																
5	IRIS McGHEE	(WIFE)						R SPRING,MD																
	20s, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem	novel from State	D. PLACE AND DATE OF	DISPOSITION (Name of		DATE	20c. LOCATION —																	
1	4 Donetton 5 Other (Specify) WOODLAWN CEMETERY						BALTIMOR	E, MARYLAND																
	21. SIGNATURE OF PUNETAL SURVICE (CENTER)			22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.				OME, INC.																
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	23 DART I Enter the diseases on																							
	shock, or heart failure.	List only one cause on e	d the death. Do not each line.	enter the mode of d	lying, such	ss cardiac	or respiratory arr	est, Approximata Interval Between																
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or other traumatic event, the medical examiner must be notified at once.

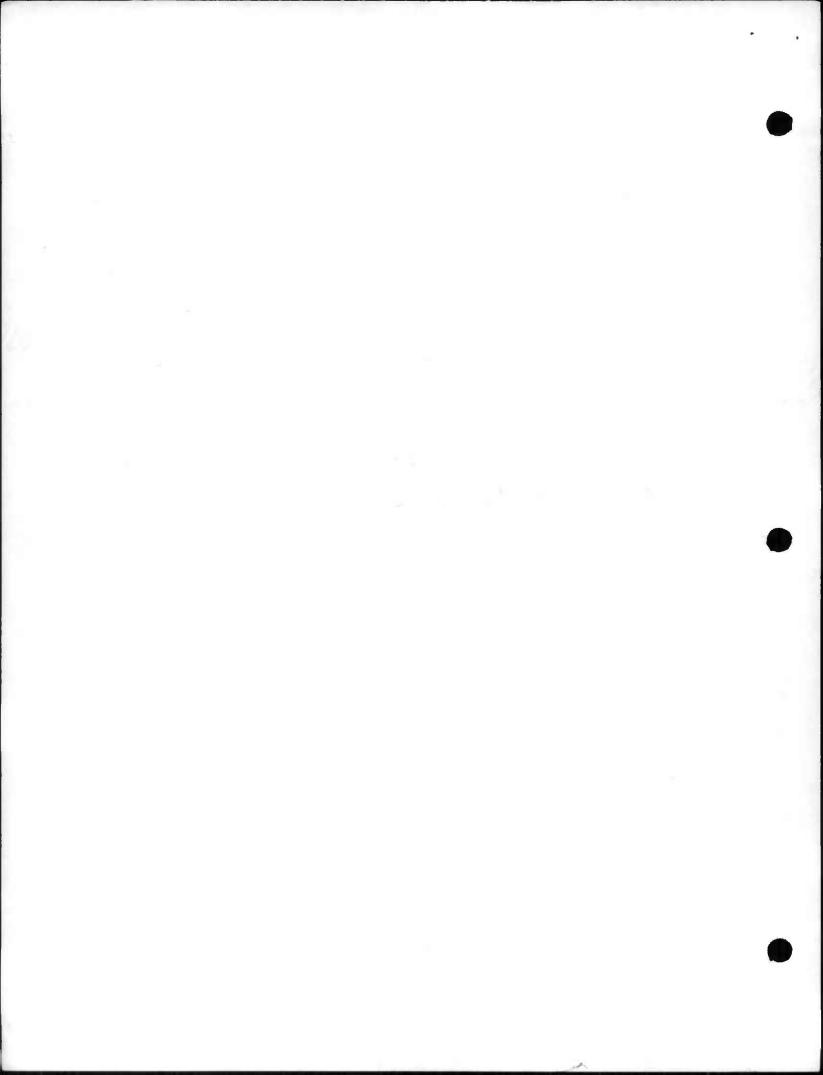
BALTIMORE, MARYLAND 21203-3146

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		B. AGE (In yrs. last birtho	MONTHS	THE DAYS MOURE AND (Month, Day, Year) Country)						
	217-46-8632 1 M 2 K F 90. FACILITY NAME (If not institution, give street and number)	97 YR	9b. CITY,	TOWN OR	LOCATION OF	DEATH	8-18	9c. COUNTY	OF DEATH	4.
OR	SACRED HEART HOME		HYA'	TTSVI	LLE			P. G	- ,	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c.	CITY, TOWN O					10d. INSIDE CITY		TY
DIR	MARYLAND PRINCE GEORGE		HYATTSVILLE					LIMITS? 1 YES 2 NO		
MAL	10e. STREET AND NUMBER		101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	5805 QUEENS CHAPEL ROAD 11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED		and officers	20782	AND ONG	1012 (O 16 - W	US		dina
B		YES 2 X NO	, H	f yee, speci	fy Cuben, Mexi	can, Puarte	IN? (Specify Yes o Rican, atc.)	Of NO- 14.	RACE — American in Black, White, atc. Specify: WHITE	dien,
	15, OECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEOEP	NT'S USUAL OC d of work done o	CCUPATION during most of	of working	10	b. KINO OF BUS	INESS/INDUST	RY	
PLE	Elementery/Secondary (0-12) College (1-4 or 5+)	HOMEM.								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	HOTTELL	IIICDIC	1	IS, MOTHER'S	AME (First	, Middle, Maiden	Surname)		
BE C	THOMAS A. ELSEA				LOUSA	NNIE	ELSE	A		
2	190. INFORMANT'S NAME (Type/Print) CHARLES A. MORELAND (S						mber, City or Town			1701
	20a_METHOD OF DISPOSITION	20b. PLACE OF OR							RYLAND 2.	1/01
	1 XBuriel 2 Cremetion 3 Removal from State 4 Donalion 5 Other (Specify)	GREENHI						RYVILLE, VIRGINIA		IA
	21. SIGNATURE OF FUNERAL SERVICE LIGENSHE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME. INC.									
	- WICHW Grade								R.,MD2090	
	23. PART I. Enter the diseases of complications that shock, or heart failure. List only one cause		Do not enter	the mode	or aying, si	ich aa ca	raisc or respi	ratory arrest	intervai	Between
	Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death									
	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions,									
01	If any, leading to immediate									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury									
CERTIFICATION	that initiated events resulting in death) LAST	on no n constituting	J. 01 J.						į	
	PART II. Other significant conditions contributing to a	leath but not recult	Inc. in the un	dodulas s	Tours of the	in Deet i	T we	ALFRONOV	24b. WERE AUTOPS	
SP		TO BAT . 8			ceuse given	in Part I.	24s. WAS AN PERFOR	MED?	AVAILABLE PRICOMPLETION C	OR TO
PHYSICIAN: MEDI	Blind NESS.	0 2311 10	1 YES 2					PLNO	OF DEATH?	NO
Z Z										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER		CE OF DEATH (Check only	one)			
HAS	1 YES 2 NO 1 Inpetient 2 27. MANNER OF OEATH 28s. OATE OF	ER/Outpetient 3 DO			5 Residenc		her (Specify) ESCRIBE HOW II	WINEA OCCINE	ED.	
BY PI	1 Netural 5 Pending (Month, Da		INJURY M	WORK			a dollar 11011 1			
	3 Sulcide 286. PLACE OF	INJURY — At home, fa	irm, street, fact	lory, office		28f. LG	CATION (Street of ty or Town, State)	and Number or i	Rural Route Number,	
	29e, CERTIFIER									
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best of examiners								suse(e) and manner a	s stated.
BE	29b. SIGNATURE AND TIFLE OF CERTIFIES			2	29c. LICENSE N				GNED (Month, Day, Ye	er)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	E OF DEATH (ITEM 27)	•		D150			- 1/.	30/92	
	HONGLITEELLS 3415	HAMILTEN 27)	St Kryar	75024	6 170 :	2078	2			•
	31. DATE FILED (Month, Day, Year) 32. REGISTRAL	S SIGNATURE								
	HUU ()) JZ THUU DUNA	THE PROPERTY.								



-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH		YGIENE EG. NO.
1. D	ECEDENT'S NAME (First, Middle, Last)		2. DATE OF D	DEATH

1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR													
	Lily E. Maness 7 15 1992 0820												
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. lest birthdey)		IF UNDER 1 YEAR		NDER 24 HRS.	7. DATE OF BIF (Month, Day,		6. BIRTI Count	IPLACE (State or Foreign			
ı	231 44 1613	31 44 1613 1 D M 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			AONTHS D	WB HOU	RS MIN.	Aug.		11 V	rginia		
l	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TO	WN OR LO	CATION OF DE	ATH	9c. C	OUNTY OF			
5	Shady Grove Adver		Ro	ckvil	le			Monto	gomery				
DIMECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	100 CITY	TOWN OR L	OCATION	_				10d. INSIDE CITY				
		gomery			thers						LIMITS?		
	10a STREET AND NUMBER	gomery		Gar	CITCLE	101. ZIP (CODE		10a.	CITIZEN OF	WHAT COUNTRY?		
2	17060 King James	Way				208			1	U.S.A.			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS	DECENDE	NT OF HISPA!	NIC ORIGIN? (Spe	city Yea or No-				
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE V	YES 2 X	NO	If yo	s, specify (NO Specifi	n, Puerto Rican,	etc.)		White		
0	3 Widowed 4 Divorced										Murce		
	15. DECEDENT'S EDUC (Specify only highest grade		(0	ECEDENT'S U	ork done duri	PATION og most of w	rorking	18b. KIND	OF BUSINESS	/INDUSTRY			
u l	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT use				0.1					
COMPLEIED	8		P	ress (opera	-	407/15PIO 418		et Cor				
	17. FATHER'S NAME (First, Middle, Lest)	000				18.		ME (First, Middle,		ne)			
盟	James Howard Mane 190. INFORMANT'S NAME (Typo/Print)	:55	44	h MAILING	ADDRESS /S	met and Mu		A Mae Bo		Zin Code)			
2	Velma Bishop		1"					thersbu			77		
1	20a. METHOD OF DISPOSITION		20b. PLACE				crematory or		20c. LOCATION				
	1 St Burial 2 Cremation 3 Ram 4 Donatton 5 Other (Specify)	oval from Stata	other p	lace)	City			1		ivan Co., TN			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0				DRESS OF FA		Juliiv	arr co.	7 211		
	10	291	X		Car	oitol	Fune	al Ser	vice.	Falls	Church, VA		
4	23. PART I, Enter the diseases, pro	nomplications to	Zyou	CELA							Approximate		
- 1	shock, or haert fallure.				or ontor ar	5 1110 do 5	. ayınıg, cac		, respiratory		Interval Between Onsat and Dasth		
	iMMEDIATE CAUSE (Finel disease or condition	(9 10								Unsat shd Dasth		
	resulting in death)	8. DUE 70	COR AS A CONSE	OUENCE OF):						1 week		
.													
5	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):												
CEHINICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	a_ U	elvar	con	er						2 years-		
	thet initieted events	OUE TO	(OR AS A CONSE	OUENCE OF):								
	resulting in daeth) LAST	d											
	PART il. Other significant condition	ns contributing to	daath but not	resulting in	n tha unda	rlying cau	uaa givan in	Part I. 24a.	WAS AN AUTO	PSY 24	b. WERE AUTOPSY FINDINGS		
DICAL	Suravente	eulas	tac	elson	dia				PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	7			0				_ ' _	723 2 4	~	DF DEATH?		
≥								_					
Ž	25. WAS CASE REFERRED TO MEDICAL					26. PLACE	OF DEATH (C	heck only one)	- "				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 29b. TIME OF INJURY AT WORK? 1 Netural 5 Pending													
Ä	27. MANNER OF DEATH	28a. DATE Of	F INJURY Day, Year)	28b. TIME	OF 20	c. INJURY	AT	28d. DESCRIB	E HOW INJURY	OCCURED			
ВУ	1. Natural 5 Pending 2 Accident Investigation	, , , , , ,	-,,				2 NO						
	3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office city or Town, State)									I Route Number,			
	4 Homtoide datarmined												
7	29a. CERTIFIER CERTIFYING PHYS	ICIAN: To the best o	f my knowledge, o	leath occurre	d at the time	, date end	plece, end du	e to the cause(e)	and manner a	a stated.			
COMPLETED	one) 2 MEDICAL EXAMINI	ER: On the basis of	examination and/o	r Investigation	n, In my oplo	ion, death	occured at the	e time, date and	place, and due	to the ceuse	e(e) end menner as stated.		
ш	THE SIGNATURE AND TITLE OF CERTIFIE	R . /)				290	LICENSE NU	IMBER	29d.	DATE SIGNE	ED (Month, Day, Year)		
m	John Mile	ub 1	N				01929	74	•	7/15	182		
2	MAME AND AODRESS OF PERSON WE				,	^		1					
	JOAN MELNICH		LUSS ELL	- AVE		AITH	KINDY	16	nol.	208)	7		
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE										
	.111 22 '92	Gina Davi	door Rand	عالات									



filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should lon, or removal.

Pe

examiner must

other traumatic event, the medical

MEDICAL CERTIFICATION

BY PHYSICIAN:

COMPLETED

BE

2

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

8 Could not be

1 TES 2 NO

27. MANNER OF DEATH

1 Natural

2 Accident

4 Homicide

3 Suicide

23

or item 2

BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

HENRY

certificate he executed within burlal.

224-42-4	315	1] ∑ M 2 □ F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Dey, Year)	016	Country)	LCC
9a. FACILITY NAME (If not in		atreet and number)	13		9b. CITY	Y. TOWN	OR LOCATI	ON OF DE	_	1.2,1		TY OF DEA	ASS.
SUBURBAN	HOS	SPITAL					THES	-12					OMERY
RESIDENCE OF DEC		7 7 1 1 1 1 1				נונם	LILEO.	DE			140	MIGC	PIEKI
10a. STATE	10c. CIT	Y, TOWN							1	Od. INSIDE CITY			
MD.	MON	TGOMERY			GAI	RREI	T P	ARK				1	X YES 2 NO
10e. STREET AND NUMBER						10	t. ZIP CODI	E			10g. CITIZ	EN OF WH	AT COUNTRY?
10707	WEYN	MOUTH ST	•			1	208	896				U.S.	Α.
11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 14 IF YES, GIVE WA	YES 2 N	MED O		If yes, sp			n, Puerto Ri	(Specify Yes can, etc.)	or No-	14. RACE - Black, 1 Specify:	- American Indian, White, atc.
	EDENT'S EDU		16e. DEC	EDENT'S	USUAL O	CCUPATI	ON ost of working		16b. I	KIND OF BUS	INESS/INDL	JSTRY	
Elementary/Secondary (0		College (1-4 or 5+)	///m	Do NOT u	se retired.)	during me	284 OF WORKI	ry .					
		5+	RE	T	PSYC	HIA	TRIS	ST		PR	IVAT	E PF	RACTICE
17. FATHER'S NAME (First, MI		MYERS					18. MOTI		ME (First, MI	ddle, Malden S			
19a. INFORMANT'S NAME (7)	-	111111	196	MAILING	Annes	& /Street	and Number			r, City or Town			-
		YERS		SAMI		S	ITE		‡ 1 0	r, Gily or lown	, State, ZIP	C000)	
26a. METHOD OF DISPOSITI 1 Burial 2 Crematio 4 Donation 5 Other	n 3 🗆 Rem	noval from State	cametary, cren	natory or o	ther place)		ame of	RY 7	7/31/			RDAL	
21. SIGNATURE OF FUNERAL	SERVICE LI	ambes	D	0091	22.	NAME A	ND ADDRES	SS OF FAC	CILITY		VER	SPRI	NG, MD.
23. PART I. Enter the dishock, or he iMMEDIATE CAUSE (Fin disesse or condition resulting in death)	art fellure. Bi	Complications that List only one causes. CARDI	e on each ilne.					ing, such	h ss cardle	ec or respir	atory srre	est,	Approximata interval Betwee Onset and De
Sequentistly list condition		. CONG		HE	PART	H	ALLUF	UE.					
if sny, leeding to immed cause. Enter UNDERLYII CAUSE (Disesse or injurthat initiated events resulting in death) LAST	NG Y	. CORON		+EAV	रा	DIS	ease						
PART II. Other signification	In the underlying ceuse given in Pert I. 24a, WAS AN AUTOPSY PERFORMED? 1 □ YES 220 NO					24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							

HENRY

YERS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MYERS

JOSEPH

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and m 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) surderson, 19144 7-30-92 MA

28b. TIME OF

28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)

OTHER

28c. INJURY AT WORK?

1 YES 2 ND

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOSPITAL:
12 Inpatient 2 ER/Outpatient 3 DOA

28a. DATE OF INJURY (Month, Day, Year)

INDERSON 31. DATE FILEO (Month, Day, Year)
JUL 31 92 32. REGISTRAR'S SIGNATURE 6410 ROCKLEDGE DR.

26. PLACE OF DEATH (Check only one)

ne 5 🗆 Residence 8 🗆 Other (Specify)

28d. OEŞCRIBE HOW INJURY OCCURED

26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

208

DHMH-16 Rev 1/89

22661

3. TIME OF DEATH 11 26

PM

26

6. BIRTHPLACE (State or Foreign

Approximata interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

92

REG. NO.

07

2. DATE OF DEATH 7/29/92

STILL RENUEL Y

Q. UPDO

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National States

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ING PHYSICIAN: The paragraph of death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ertificate	The State Dept. of Health	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN THE	TO THE FUNERAL DIRECTOR: After this certifican had to	be filed within 72 hours after death with the State Dept	IMPORTANT: If Item 28 is marked, or Item 23

	FOR STATE REGISTRAR	STATE OF MAR		DEPAR					MENTAL	HYGIEN		32	2266	2	
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEAT	TH	
	ELIZA	TIFFE	Y	NUG	ENT			July	27,	19	92	11:15	P		
	4. SOCIAL SECURITY NUMBER 231-62-8565	5. SEX 6. A	GE (In yrs. lest		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Dey, Vear)		8. BIRT	HPLACE (State or Fo	100	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b, CITY	r. Town (OR LOCATIO	ON OF DE		27,		INTY OF D		DO	
DIRECTOR	Bethesda Retirem					thes		112				tgon			
Ĕ	10e. STATE 10b. COUNTY			10c. CITY	r, TOWN	OR LOCAT	ION						10d. INSIDE CITY	,	
吉	Maryland Mon	tgomery		K	ensi	ngto	n, Di	§					LIMITS?	NO	
A	10a. STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?		
EH	4108 Everett St	reet					2089	5			U	.S.A			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 THE VES CIVE WAS ON DATES				If yes, sp	ENDENT O	F HISPAN n, Mexica Specifi	in, Puerto R	? (Specify Yelican, etc.)	s or No—	14. RAC Blac Spec	E — American Indick, White, etc.		
													White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CEDENT'S ve kind of w Do NOT us	rork done e retired.)	CCUPATIO during mo	ON st of working	g		KIND OF BU		DUSTRY					
MP	12	He	omema	iker				0	wn Ho	me					
8	17. FATHER'S NAME (First, Middle, Lest)					18. MOTH	ER'S NA	ME (First, N	liddle, Maiden	Sumame)					
띪		Tiffey								e Hu					
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Charles T. Miller 4108 Everett St., Kensington, MD 20895														
	20a. METHOD OF DISPOSITION 1														
	21. BIGNATURE OF FUNEBAL SERVICE LICENSIES 22. NAME AND ADDRESS OF FACILITY														
	JOSEPH GAWLER'S SONS, INC. 5130 Wisc. Ave., NW; Wash., D.C. 20016														
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate interval Between														
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Heart	Fa	ilur	e					One D					
	DUE TO (OR AS A CONSEQUENCE OF):														
o I	Sequentially list conditions, Pneumonia Pneumonia										3 da	ys			
F	DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):													
T. II	PART II Other significant condition	a contribution to deal	h h	44											
₹ I												AWAILABLE PRIOR	TO		
ă		1 Type 2 TVM								OF DEATH?	AUSE				
PHYSICIAN: MEDICAL	g											1 YES 2	40		
ÿ															
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OŢĦE		ACE OF DE	ATH (Ch	eck only one)					
X	1 TYES 2 NO	1 Inpatient 2 ER/		□ DOA	4 XNur	sing Hom	e 8 🗆 Res	sidence	8 🗆 Other	(Specify)					
ВУ РН	27. MANNER OF DEATH 1 X Natural 8 Pending 2 Accident Investigation	Pending (Month, Day, Year) INJURY						. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED WORK? VES 2 NO							
	2 Accident 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify)								261. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
"	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of aximination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.														
M M	one) 2 MEDICAL EXAMINE	R: On the basis of axemin	ation and/or to	nvestimeti~	10 mm	minion 4	outh conse	of at the	time det-	and alco-	and reference are no				
BE COMPLETED	2 MEDICAL EXAMINED 29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of axamin	ation and/or in	rveatigation	n, tn my c	opinion, d	ath occure			and place, er	nd dua to ti	he cause(e) end manner ea at	lated.	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

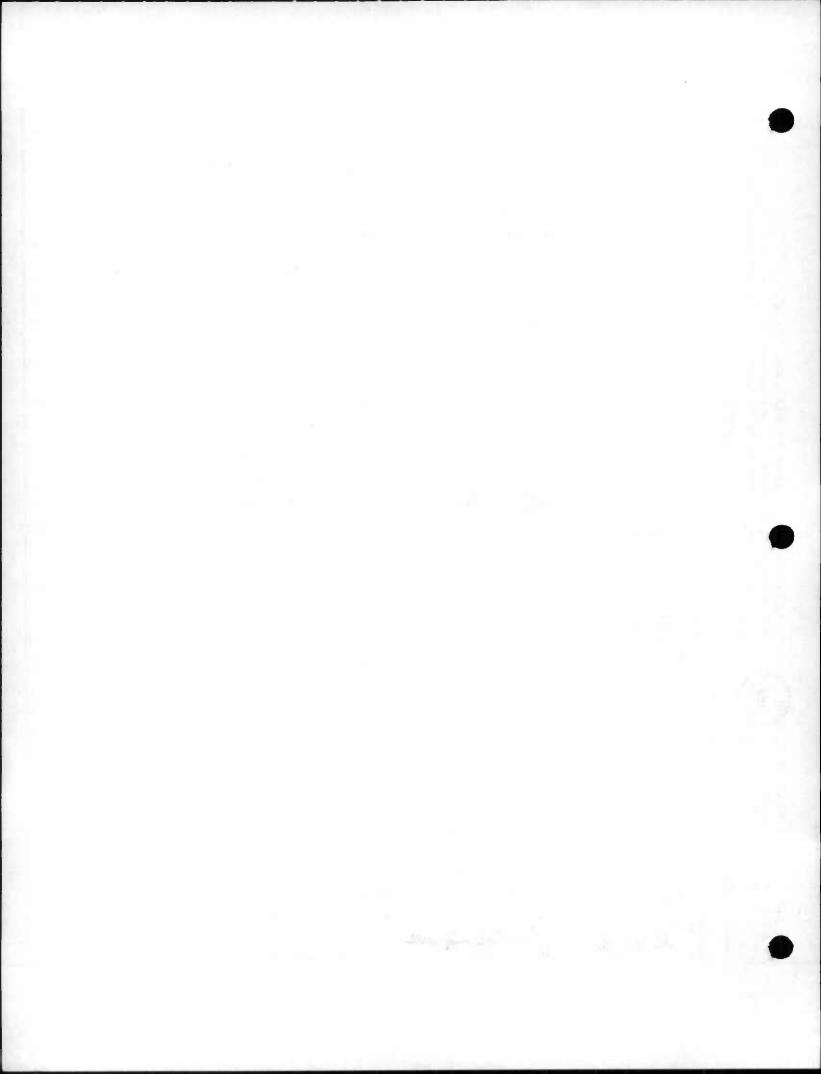
Kevin G. Nealon, M.D. 5530 Wisc. Ave., Chevy Chase, MD

31. DATE FILED (Morrit, Day, Veer)

JUL 29 92

Agrecistran's signature

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ay injury, or other traumatic event, the medical examiner must be notified at once,

TO BE (

31. DATE FILED (Mornin, Day, 16ar) AUG 11 1992

DIVISION OF VITAL RECORDS P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law reduces that the percent cardificate be executed within 2 TO THE FUNERAL DIRECTION. After this certificate has be filed within 72 hours after death with the State Dept. On the percent of the property of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent of the percent o

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	4. SOCIAL SECURITY NUMBER 202-20-2068	5. SEX	6. AGE (In yrs. la		#F UNDE	DAYS	#F UNDER	24 HRS.	7. DATE ((Month,	21	1992	8. BIRTH Countr		
	9a. FACILITY NAME (If not institution, give :		08	YRS.	96. CITY, TOWN OR LOCATION OF DEATH					24,	1924		nsylvan	ia
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BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. AI YES 2 MAR OR DATES		13.	If yes, sp	ENOENT (OF HISPAN	n, Puerto A	? (Specify Yelican, etc.)	s or No	or No.— 14. RACE — American Indian, Black, White, atc. Specify: White		
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E CON	17. FATHER'S NAME (First, Middle, Last) Edward H. Naugle									iddie, Meiden Zimme				
TO BE	19a. INFORMANT'S NAME (Type/Print) Margie Kline	f g								or, City or Town			40	
	20a. METHOD OF DISPOSITION 13 Burlel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	20b. PLACE cemetery, cn	AND DATE ematory or o	of DISPO	SITION /Na	me of		OATE	20c. LC	CATION —	City or To	wn, Stata	4
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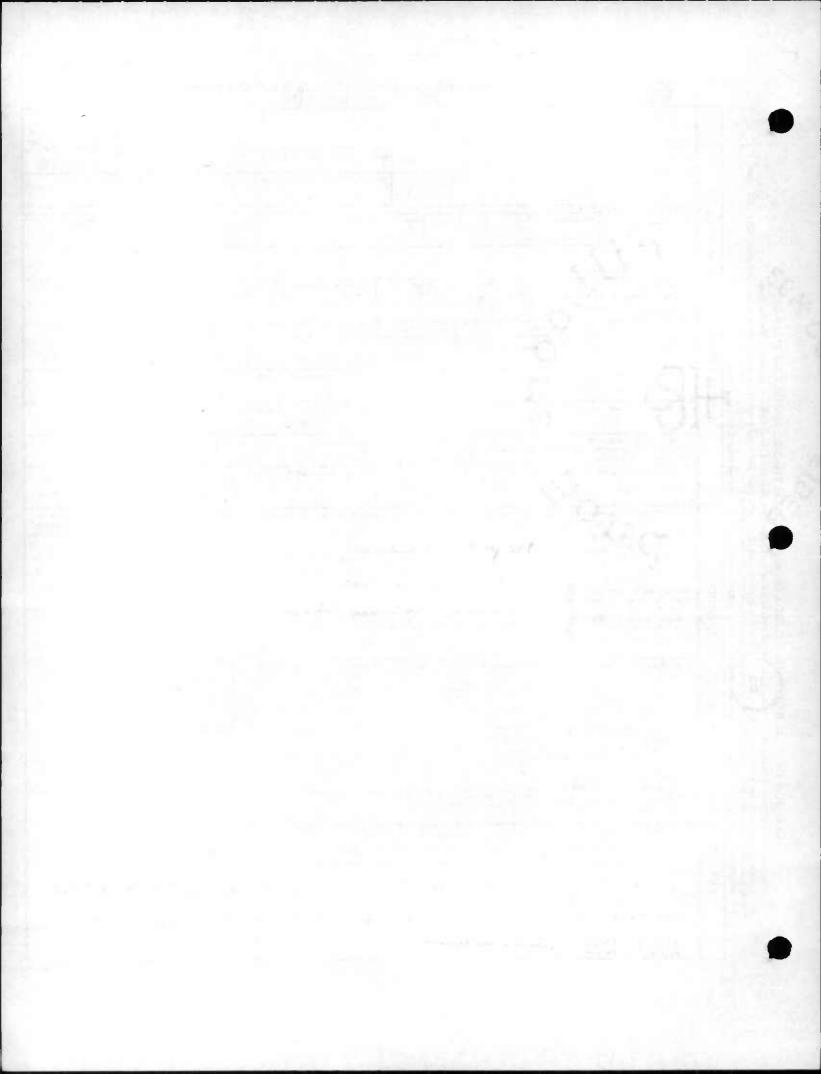
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32. REGISTRAR'S SIGNATURE

29d. DATE SIGNED (Month, Day, Year)
10 Lug. 1992

21740

29c. LICENSE NUMBER



BALTIMORE, MARYLAND 21215-0020

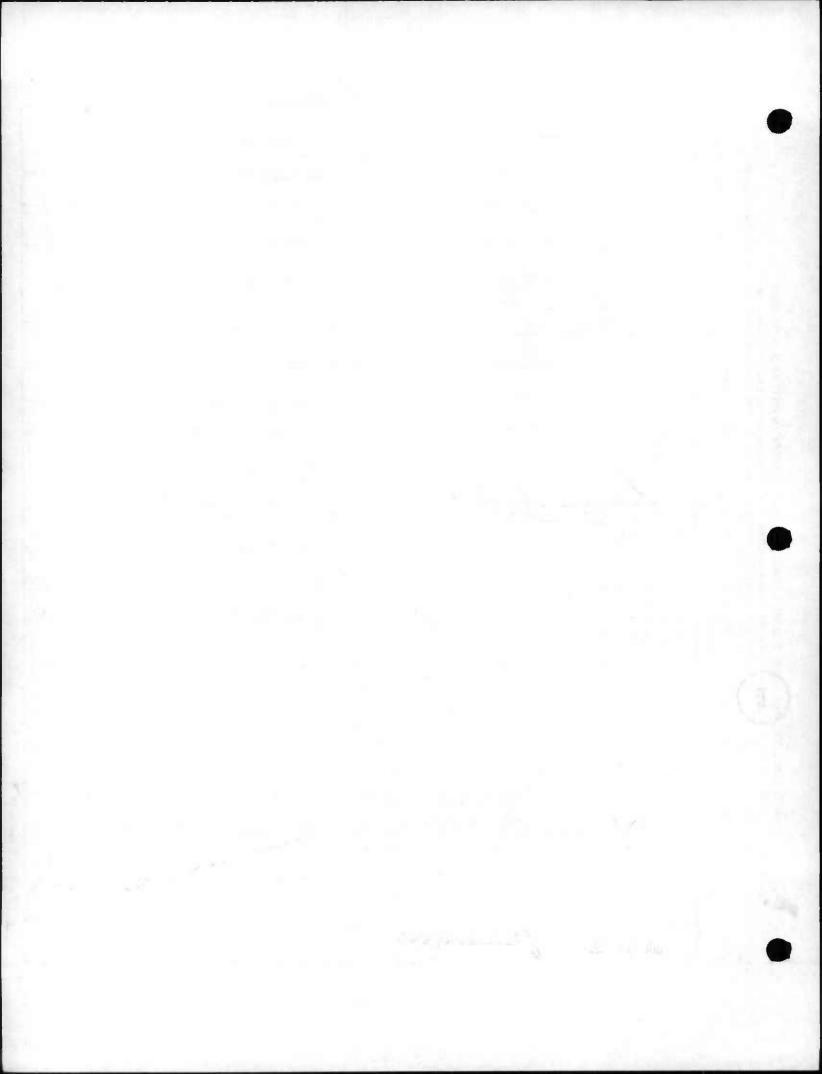
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The its requirement of the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. Liegar-and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	Middle, Last)								2. DATE OF D	DEATH			3. TIME OF DEATH
				Georgi	а Н.	Nowe:	11_			July	29,	1992	TEAR	8:39 a M
	4. SOCIAL SECURITY NUME	ER	S. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	DAYS	IF UNDER	MIN.	7: DATE OF B			8. BIRTHP	LACE (State or Foreign
	578-54-3912		1 🗆 M 2 🗸 F	80	YRS.	- CATTAG	UNITE	поона	MIN.		1, 19	12		nada
~	9a. FACILITY NAME (If not in	stitution, give s	treet and number)		9			OR LOCATI	ON OF DE	ATH		9c. COUR	TY OF DE	ATH
DIRECTOR	Sul							Bet	hesda	a			Mont	gomery
RE	10a. STATE	10b. COUNTY	Υ		10c, CITY, TOWN			OR LOCATION						10d. INSIDE CITY LIMITS?
	Maryland	M	ontgomery	7				Betheso						1 - YES 2X ND
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE								CITIZEN OF WHAT COUNTRY?	
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FU	11. MARITAL STATUS 1 Never Married 2 X	T EVER IN U.S.		13.	13. WAS DECENDENT OF HISPANIC (If yes, specify Cuban, Maxican, P				C DRIGIN? (Specify Yes or No. 14. R.			- American Indian, White, etc.		
ВУ	3 Widowed 4 Dive	AR DR DATES			If yes, specify Cuban, Maxican, P. 1 YES 2 ND Specify:				,,		Specify	r:		
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		Jame	:				Not				,	h1a		
BE	19a. INFORMANT'S NAME (1			19b. MAILING	ADDRESS	S (Street)	and Numbe	or Burni B	Poute Number, C					
2	Her	מרגע כ	Nowell											2001 77
	20a, METHOD OF DISPOSIT	ION		20b PLAC	FANDOATE	ne nispne	HTIDN/M	me of		Bethes			City or Tow	
	1 🗵 Burial 2 🗆 Crematic 4 🗆 Donation 6 🗆 Other	n 3 🗆 Rem	oval from State	cemetery, c	remetory or o	ther place)	Aug	ust	8, 19	992				
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	11	Ban	22.	NAME A	AD YOUNE	SS_OF FAC	HUTY	Pert	n or	itari	o.Canada
	1 De	in J	Kent	last	Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wise Avenue Bethesda, Maryland 20814							Wisconsin		
PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or Injuthat Initiated eventa resulting in death) LAS PART IF. Other algnifications of the cause of the cause of the cause or Injuthat Initiated eventa resulting in death) LAS PART IF. Other algnifications of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause	diete NG III III III III III III III III III	DUE TO d. DUE TO d. Contributing to	I ER/Outpatient	FOURNCE OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PO	OTHER	26. Pt R: sing Hon 26c. INJ	ACE OF D	EATH (Che			ED?		Onset and Death DAY DAY STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF T
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ED BY	3 □ Sulcide 6 □	Could not be determined	28s. PLACE O building,	F INJURY — At 1	nome, ferm, r	street, feet	11/3/37	P		281. LOCATION City or line	N (Street and wn, State)	t Number	or Aunal Ro	ule Munder
BE COMPLETE	29s. CERTIFFIER (Check only of DeDICAL EXAMINER: Of the best of my knowledge, death occurred at the time, date and place, and due to the sause(s) and manner as stated. 29s. Septical Examiner: Of the best of my knowledge, death occurred at the time, date and place, and due to the sause(s) and manner as stated. 29s. LICENSE NUMBER 29s. DATE SIGNED (Morrin, Inc., Nov.)													
5 B	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SE OF DEATH (IT	EM 27) (Type,	Print)		P	25	64		Þ -	pe	3/92
	Henry C. Sc	ruggs	M.D. 541	3 West	Cedar	Lan	e B	ethes	sda.	Marvla	nd 21	/ 081 <i>4</i>		9
	Henry C. Scruggs M.D. 5413 West Cedar Lane Bethesda, Maryland 20814 31. DATE FILED (Month, Day, Your) JUL 31 92													



1	-	FOR STATE REGISTR	AR
П	, D	ECEDENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	IFICA	TE OF	DEATH	RE	EG. NO.				
- 1	1. DECEDENT'S NAME (First, Middle, Lust)			· ·			2. DATE OF D				3. TIME OF DEA	ATH
	Marshall	Humphrey	Osb	urn,	Sr.		August	: 1.	1992	YEAR	5:55	P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birtho	ey) IF UN	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B				IPLACE (State or	Foreign
	243 09 6694	1 🖾 M 2 🗆 F	81 YR	MONTH		HOURS MIN.	(Month, Day,	(Year)		Counti	ny)	
	9a. FACILITY NAME (If not institution, give s		91				Feb. 2	, I:	_		nington	, D. C.
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Ö	Shady Grove Adve	ntist Hos	pital	Rockville Montgo						ntgon	nery	
DIRECTOR	RESIDENCE OF DECEDENT	,	1 100	OFFY TOW	N OR LOCAT	1011					6.00	
E											10d. INSIDE CIT LIMITS?	Y
		gomery		Gait	hersb						1 - YES 2 2	NO
M	10e. STREET AND NUMBER				101	ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?	
FUNERAL	18424 Bishopstone	Court			_ L	20879			Ur	nited	States	5
5	11. MARITAL STATUS	12. WAS DECEDENT E				ENDENT OF NISPAN			or No-	14. RAC	E — American Inc	llen,
	1 Never Married 2 Married	FORCES? 1 X		- 1		cify Cuban, Mexica 2 🔀 NO Specifi		, etc.)	Asia A	Spec	k, Whita, etc.	
B	3 Widowed 4 Divorced	World Wa				- 25 the opening	,.				ite	
	15. DECEDENT'S EDU	CATION	16a. DECEDEN				16b. KINE	OF BUS	INESS/ING	DUSTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind life. Do NO	of work do It use retire	ne during mo d.)	st of working						
4	- · · · · · · · · · · · · · · · · · · ·	4		C.P.Z	Α.		Acc	count	ing			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)							MC /Einst Alidelle	Maidea	Sumamal			
	Wade Hampton Osbu	ırn			Elsie I			Surrieme)				
띪	19a. INFORMANT'S NAME (Type/Print)			100 1100			-	_				
2	Martha S. Osburn								Town, State, Zip Code) 20879 thersburg, Maryland			
							urt, Ga					ıa
	20a. METHOD OF DISPOSITION 1XX Burial 2 Cremation 3 Ram	oval from State	20b. PLACE AND DA			me of	DATE	20c. LO	CATION —	City or To	wn, State	
	4 Donation 8 Other (Specify)	Α	Ebenezer	Ceme	etery		92	Roui	nd Hi	ill,	Virgin:	ia
	21. SIGNATURE OF FUNERAL METABLES	ENSEE /		- 13	22. NAME AN	D ADDRESS OF FA	aum Robe	ert A	A. Pt	ımphı	cey Fund	eral
	DH 11 /-		м00689		Home/I	Rockville	e, Inc.	300) Wes	ot Mo	ontgome	ry
-	33 9/97 V 1/2 / 2 / 2	-				, Rockv						
- 1	23. PART . Inter the diffeases, or a shock or heart fellure.	List only one ceuse	on each line.	not en	ter the mo	de of dying, auc	h aa cerdiec (or respi	ratory an	reat,	Approxim	
- 1	IMMEDIATE CAUSE (Final	1001	- (\	Λ	Maila	11.				Onset an	
- 1	disease or condition	· Deuter A	a Cami	y to	U	Brode	refra	V				
- 1	,	DUE TO (O	AS A CONSEQUENC	E OF):	<u> </u>	1				10	1	
z l	Commendative that are students	a Vor	muble		Cilo	enzov	agail	m	Cille	odely	14	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OF	AS A CONSEQUENC	E OF):	. ^	00	1.0	-	Ala		agentine .	
2	Cause. Enter UNDERLYING CAUSE (Disease or Injury	C	nev	M	Why	, (M644	MC	o de			
	thet initiated events	DUE TO (OF	AS A CONSEQUENC	E OF):		,	4 0	V	0 11	MAA	0	
	resulting in death) LAST	d						4	and	300		
	PART II. Other algnificant condition	e contribution to de	ath but not regulat	an in the	renderledes	t serves abres to	Don't las			1		
DICAL	TAIT II. Other agrinicant condition	s contributing to de	ath but not result	ig in the	underlying	cause given in	Pert I. 24a.	PERFOR	MED?	246	WERE AUTOPSY AVAILABLE PRIOR	R 10
							1 🗆	YES 2	Dhe		OF DEATH?	CAUSE
M							_				1 TYES 2 T	NO
ż							- 1					
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (Ch	eck only one)					
S	1 VES 2 NO	HOSPITAL:	R/Outpatient 3 DO	OTH		5 Rasidenca	6 Other (Spe	ic/(v)				
テ	27. MANNER OF DEATH	28a. DATE OF IN.	JURY 26b.	TIME OF	28c. INJ	JRY AT	28d. DESCRIB		JURY OC	CURED		
	1 Natural 5 Pending	(Month, Day,	Year)	INJURY	1 D	RK? 'ES 2 NO						
B	2 Accident Investigation	28a PLACE OF II	IJURY — At home, far	m etenat i		. 111	28f. LOCATION	I (Ctood o	and Abramatic	0	Design March 1	
	3 Suicide 6 Could not be 4 Nomicide datermined	building, etc	(Specify)	m, ouvet,	inciory, offici	·	City or Tow	vn, State)	na riumbei	or Hurai i	noute Number,	- 4
								_				
뢰	Check only CERTIFYING PNYSI											
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basic of axam	ination end/or inveatig	etion, in m	ny opinion, d	eath occured at the	time, data and p	place, and	d dua to th	ne ceuse(E) end manner as	atated.
	296. SIGNATURE AND TITLE OF CERTIFIES	P 011-				29c. LICENSE NUM	ABER .		29d, DAT	E SIGNED	(Month, Day, Year)
BE	C-NBALF	· KIM	Anely			03	2975		> (ali	162	
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM 27)	Vpe, Print			-116			2017		
	KHIANEY	HIR	U-D.	195	520	Doctes	3 08	We.	he	M	anto	Wn
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE AUG 03 92 AUG 03 92								1.				
	HUU () 5 M/	77.00.00								-		['

P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

barn cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

In maning physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be removed.

In or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law request TO THE FUNERAL DIRECTOR: After this certificate has been use filed within 72 hours after death with the State Dept, of the IMPORTANT: If item 28 is marked, or item 23 hours

attended to the manufacture of the

8. BIRTNPLACE (State or Foreign Country)
17 Maryland

DHMH-16 Rev 1/89

1992

9c. COUNTY OF DEATN

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

220-12-3819

1. DECEDENT'S NAME (First, Middle, Last)
Arthur O. Lyles

9a. FACILITY NAME (If not institution, give street and number)

5. SEX

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	serificate he avacuted with
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	MOCDITAL OD ATTENDING DEVELOIAN: The law reco.

Ö	Montgomery General	Hospital	Olney	ΙνΙ	ontgomery				
DIRECTOR	10a. STATE 10b. COUNTY	10c. C	ITY, TOWN OR LOCATION		10d. INSIDE CITY				
	Maryland Montgon	nery	Gaithersbu	ra	1 TYES 2 TO NO				
₹	10e. STREET AND NUMBER		101. ZIP CODE	10g	. CITIZEN OF WHAT COUNTRY?				
FUNERAL	6336 Damascus Road			0882	U.S.A.				
B	1 Never Married 2 N Married FORCES?	DENT EVER IN U.S. ARMED 1 YES 2 NO 'E WAR OR DATES	13. WAS DECENDENT OF NISI If yes, specify Cuben, Mex 1 YES 2 NO Spe		o- 14. RACE - American Indian, Black, White, atc. Specify: Black				
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind o	S USUAL OCCUPATION If work done during most of working	16b. KIND OF BUSINES	S/INDUSTRY				
APLE	Elementary/Secondary (0-12) College (1-4 o		ssenger	U.S.	Government				
TO BE COMPL	17. FATNER'S NAME (First, Middle, Last)			NAME (First, Middle, Malden Surna	ime)				
	Arthur Lyles			Catherine D	orsey				
	Charles J. Lyles, Sr		40 Damascus R		20882				
	20e. METNOD OF DISPOSITION \$\infty Denis 2 \subseteq Cremation 3 \subseteq Removal from State 4 \subseteq Donation \(\frac{1}{2} \subseteq Other (Specify) \)	20b. PLACE AND DAT	eof disposition (Name of Ciper place) Ional Mem. Pk	DATE 20c LOCATIO	ON — City or Town, Stata Cel, MD				
	21. SIGNAPORE OF FUNERAL SERVICE LUENSEE	nowle	22. NAME AND ADDRESS OF	FACILITY UNERAL HOME	, P.A.				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	TO (OR AS A CONSEQUENCE	Right Ce Cerebro Cardi VE CERES OF:	ovascular D	Interval Between				
MEDICAL	PART II. Other significant conditions contributing ASPIRATION PM Delp Vein Thronds 25. WAS CASE REFERREO TO MEDICAL	eumonia	ti LEG	PERFORMED?	AVAILABLE PRIOR TO				
SICIAN:	EXAMINER? HOSPITAL:	2 DER/Outpetient 3 DOA	26. PLACE OF DEATH						
T PHY	1 Netural 5 Pending (Mont	OF INJURY h, Day, Ybar) 28b. Ti		28d. DESCRIBE HOW INJUR	Y OCCURED				
EIEU B	2 Accident Investigation 28e PLACE OF IN HIGH At home from stead to steam office.								
OMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bear one) 2 MEDICAL EXAMINER: On the bear of								
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER Cezar A. Lopez, M.D			1UMBER 29d 5	DATE SIGNED (Month, Day, Year) JULY 28, 199				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED O Cezar A. Lopez M 31. Date Fileo (Month. Day, Year)			Dr., Olney	, MD 20832				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DAYS

9b. CITY, TOWN OR LOCATION OF DEATH

8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

75

July

7. DATE OF BIRTN
(Month, Day, Year)
July 28

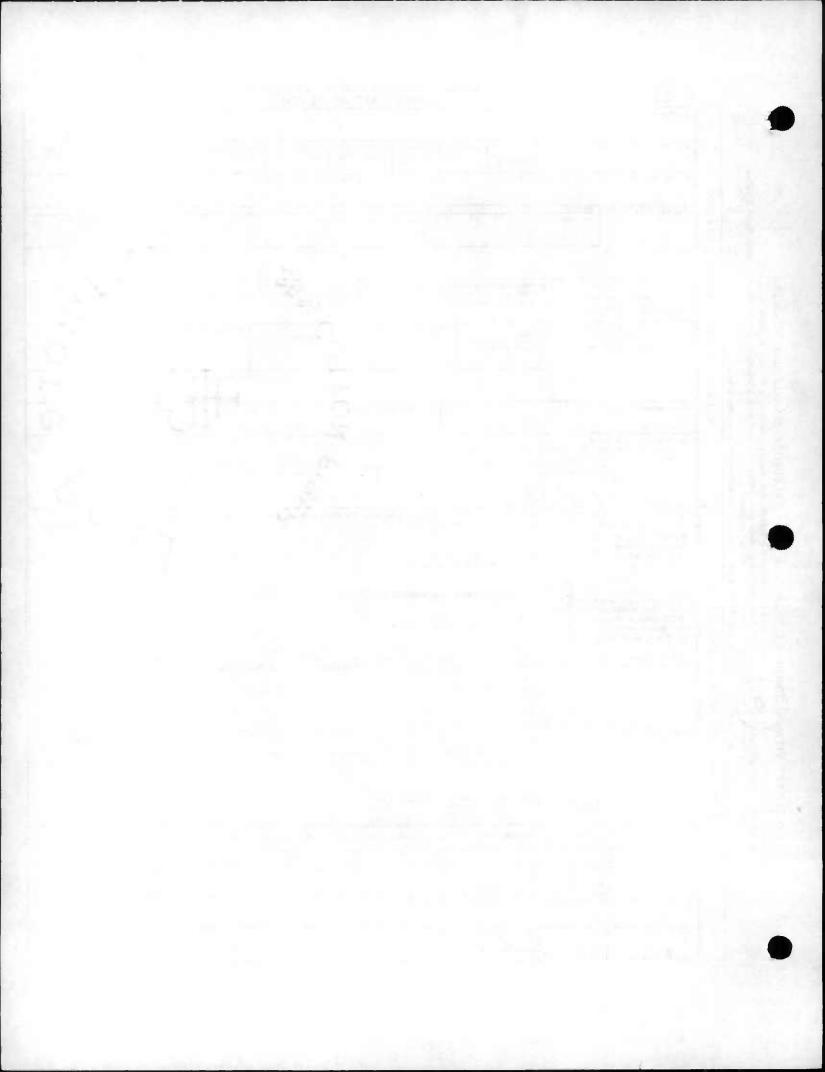
00° 70 044

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

by the amounting population and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should and Merital Hyperne prior to burial, cremation, or removal. the them certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law instance in the death certificial be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been approximately many and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Description of the property of the property of the Caster Description of the property of the property of the property of the property of the property of the Caster and Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF	HEALTH AND	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Mildred	Adell O'LEAR				MONT	OF DEATH		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 136-09-7551	5. SEX 6. AGE (In	yrs. lest birthday) 76 vns.	F UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE (Mont	OF BIRTH	.916	New	Jersey	
стов	9a. FACILITY NAME (If not institution, give st Washington County RESIDENCE OF DECEDENT	- In the second second		Hager	or location of the stown	DEATH		9c. COUNT Wa		ath ngton	
DIRECTOR		shington		gerstor			1			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL		10907 Coffman Avenue						U.S	HAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 K NO	If yes, s	DENDENT OF HISP/ Decity Cuban, Mexic 3 2 NO Spec	an, Puerto	N7 (Specify Ye Ricen, etc.)	s or No- 1	14. RACE — American Indian, Black, White, atc. Specity: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i Housew	rk done during m retired.)	ON ost of working	168	. KIND OF BU	SINESS/INDU	STRY	70	
8	17. FATHER'S NAME (First, Middle, Lest)		Housew	116	18. MOTHER'S N	AME (First	Miciello Maiclor	Surname)			
BEC	George Tribul				Theda						
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street	and Number or Rural			vn, Stete, Zip C	ode)		
2	Arnold O'Leary		10907	Coffman	Ave. H	agers	town,	Mary1	and	21740	
	20a, METHDO OF DISPOSITION 1	wal from State ceme	PLACE AND DATE OF tery, cremetory or othe en Lawn	bisposition(N r plece) Memoria	ame of	8-10-	92 Wit	CATION - CH	y or Tow	n, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE .	1	22. NAME A	ND ADDRESS OF F	ACILITY M	innic	Fune	ral	Home	
	1-SCATT	Mem	nell	415 E	Wilson	Blvd	. Haor	rstow	n M	d. 21740	
CERTIFICATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	6				0	())	Interval Between Onset and Death	
PHYSICIAN: MEDICAL CER	PART II. Other eignificant conditions	g cause given ir	Part i.	24a. WAS AN PERFOI 1 TYES	PMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 MO				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only or	10)				
YSI	1 TYES 2 THO	1 npatient 2 ER/Outpat		THER:	e 5 🗆 Residence	6 🗆 Othe	r (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y W	HURY AT DRK? YES 2 NO	28d. DES	CRIBE HOW	NJURY OCCUI	REO		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e, PLACE OF INJURY — building, etc. (Specify	At home, farm, stre	et, factory, offic	•	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				ute Number,	
COMPLETED		IAN: To the best of my knowled : On the basis of examination							ause(s) (and menner ea stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED								IGNED (Worth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT Cormack 32. REGISTRAR'S SIGNAT	H (ITEM 27) (Type, Pr	ine)			Ha				
	31. DATE FILED (Month, Day, Year) #UF 0 7 1992	32. REGISTRAR'S SIGNAT	URE					-			



31. DATE FILED (Month, Day, Year)

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္ပ	17. FATHER'S NAME (First, Middle, Lest) JOHN THOMA	S PERRY							ME (First, Midd		Surname)					
BE		3 IERRI						TIE	SMI							
2	19a. INFORMANT'S NAME (Type/Print) JAMES T. PERRY	Y	l p	Db. MAILING	ADDRESS	S (Street ar	nd Number	OF RURAL F	SPRIN	City or Town,	State, Zip	Code)				
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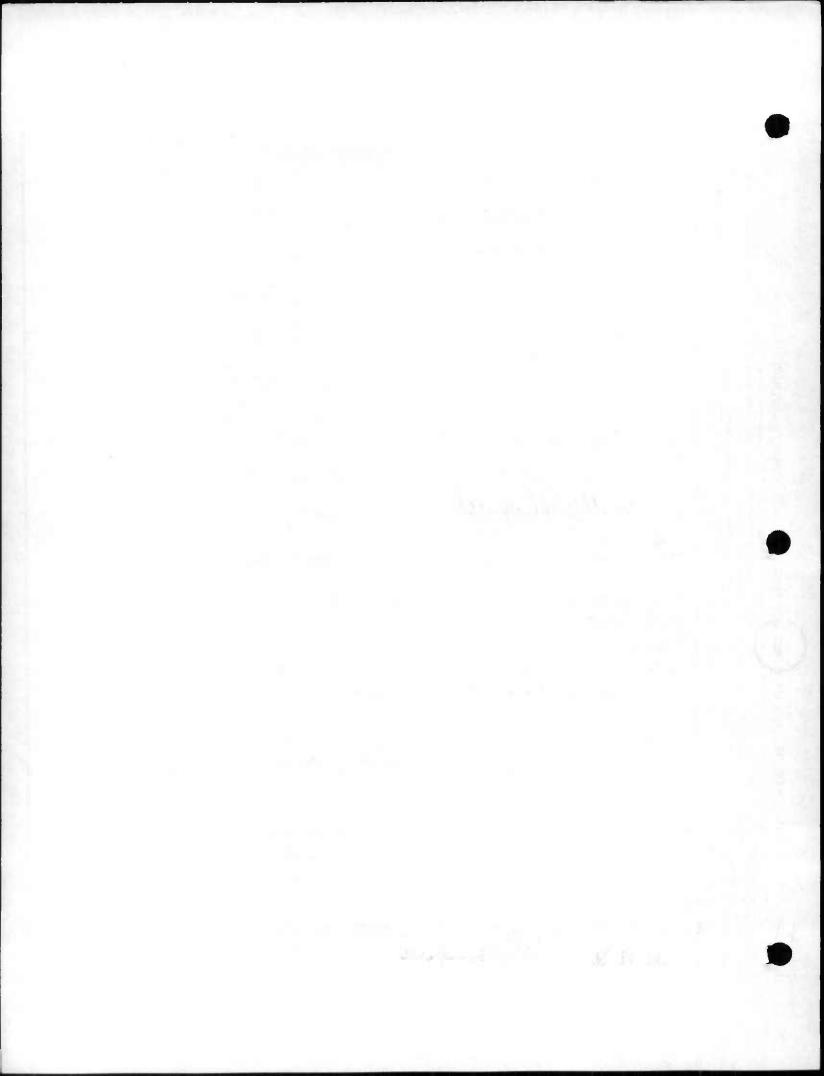
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WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

12 RECHETHAN'S SIGNATURE

Jac.

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certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hypere prior to burial, cremation, or removal. or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law received that the dear TO THE FUNERAL DIRECTOR: After this certificate has been elected from within 72 hours after death with the State Dept. or Hearn and Mercy IMPORTANT: If Item 28 is marked, or Item 28 shows the law of

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E	. 22003		
	1. DECEDENT'S HAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
		Edwin L. Ph	nyfe			July 29,19		2145 M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	a. BIR	THPLACE (State or Foreign		
	097-22-3527	1XXM 2 □ F	2 YRS.	NTHS DAYS	HOURS MIN.	Aug. 24,19		york		
_	9a. FACILITY NAME (If not institution, give a	,		CITY, TOWN	R LOCATION OF DE	ATH	9c. COUNTY OF	0EATH		
DIRECTOR	Shady Grove Adve	ntist Hospit	al	Ro	ckville		Montgomery			
EC.	10a. STATE 10b. COUNTY	r	10c. CITY, TO	OWN OR LOCAT	ION			10d, IHSIDE CITY		
	Maryland	Montgomery		Be	thesda			LIMITS?		
AL	10e. STREET AND NUMBER				ZIP CODE		WHAT COUNTRY?			
FUNERAL	5016 Elm Street, #2 20814						United	States		
2	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED			IC ORIGIN? (Specify Yes	or Ho- 14. RA	CE — American Indian, lock, White, atc.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specify.	n, Puerto Rican, etc.)	Sp	odly:		
ED	15. DECEOENT'S EDU	CATION						hite		
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of work life. Do NOT use re	done during mo	in st of working	16b. KINO OF BUS	SINESS/INDUSTRY			
7	12	College (1-4 or 5+)	Musicia			Colf				
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Hubici		16. MOTHER'S NAM	ME (First, Middle, Maiden	Employ	ea		
BE C	Herbert L	. Phyfe				Mary Came		,		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AO	ORESS (Street a		loute Number, City or Town				
2	Martha Mook		14 Bria	rwood	Lane, Pl	easantvill	e. NY	10570		
	20a. METHOD OF DISPOSITION 1 ○ X Buriel 2 □ Cremation 3 □ Remo	Cural from State	PLACE AND OATE OF O	SPOSITION /Na	me of		CATION — City or			
	4 Denation 5 Other (Specify)	cen	netery, crematory or other Kensico Ce				halla,	New York		
	21. SIGHATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	O ADDRESS OF FAC	NUTY Robert	A. Pirmo	hrey Funeral		
	Mushel F.	Killa	M00348	Rockvi	ockville lle. Mar	, inc., 30 yland 208	0 W. Mo:	ntgomery Ave.		
1	23. PART I. Enter the diseases, or o	complications that cause	d the death. Do not					Approximate		
	IMMEDIATE CAUSE (Final disease or condition	List only one cause on e	sch line.		0			Intervel Between Onset and Death		
	resulting in death)	OUE TO (OR AS	CONSEQUENCE OF):		CAN.	er				
Z	Consumation that we start out	Samo	mon	10	000	canc	08			
E	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	COHSEQUENCE DF):		11					
CERTIFICATION	CAUSE (Disease or injury	: Hera	CONSEQUENCE OF	100	UXIC	ienc	4			
Ē	that initiated events resulting in death) LAST	Alexa	CONSEGUENCE OF	15+	+ 1	1100	75			
CEL		reco	not	ww	MON YC	mas				
A	PART II. Other significent condition	e contributing to death b	out not resulting in th	ne upderlying	ceuse given in F	Part I. 24s. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS		
음	Heranc	enc	epho	10	fath	1 TYES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
W			V	13		/		1 TYES 2 NO		
ż										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Im		ACE OF OEATH (Che	ck only one)				
YSI	1 TES 2 NO	1 Inpatient 2 - ER/Outs		THER: Nursing Home	5 - Residence	8 Other (Specify)				
표	27. MAHHER OF OEATH 126 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO		28d. OESCRIBE HOW IN	JURY OCCUREO			
B	2 Accident Investigation				ES 2 NO					
8	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec	— A1 home, ferm, stree	t, factory, office	-	28f. LOCATIOH (Street a City or Town, State)	nd Number or Rura	Route Number,		
	29a. CERTIFIER									
COMPLETED	(Check only CERTIFYING PHYSIC	CIAH: To the best of my know								
8		R; On the bests of examinatio	n and/or investigation, in	my opinion, de	eth occured at the I	ime, data and place, and	due to the cause	(a) and manner as stated.		
8	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)									
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH-(ITEM 27) (Type, Prin	0	アンコ	116	" "	50 7-		
	S'SUDITA	116 AR S	0'IN-6	EDM	10257	TON DR	The se	14/2000		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	7 / 0	-01-		1/4	LOFT E		
	AIG 03 92	Julie Sevider	Barle 12							
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STATE REGISTRAR

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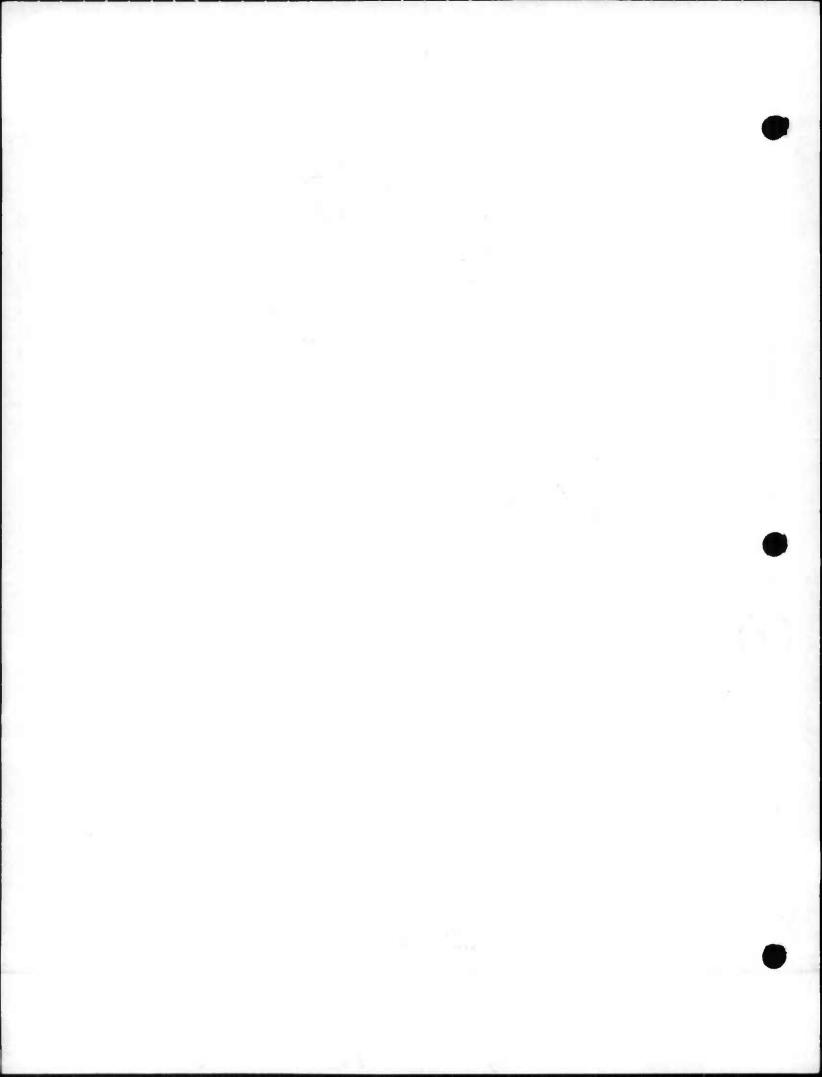
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DIVISION OF VITAL RECORDS, P.O.	
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1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 4. SOCIAL SECURITY NUMBER GRIFFITH 5.25 1ER DON 5 SEY 8. AGE (In yrs. last birthday, IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 577-07-1264 1 X M 2 | F 7-20-07 WASH. . D.C. use as the burial-transit permit. Pages 1, 2, 3 should 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOLY CROSS HOSPITAL MONTGOMERY SILVER SPRING RESIDENCE OF DECEDENT 19c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. , MONTGOMERY SILVER SPRING 1 NES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2201 COLSTON DRIVE #710 20910 USA hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 PES 2 NO Specify: 11, MARITAL STATUS 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE COMPLETED 16a, OECEOENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEOENT'S EDUCATION (Specify only highest grade ğ Elementary/Secondary (9-12) College (1-4 or 5+) 12 METAL FINISHING SELF-EMPLOYED once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FREDERICK F. PIERDON 10 FLORENCE ROBINSON page 5 should be BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FRED PIERDON 1916 LODESTONE DR. SILVER SPRING, MD. 20904 pe 20s. METHOD OF DISPOSITION
1 Securial 2 Cregnition 3
4 Donation 5 Only (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State director, p must FT: LINCOLN MAUSOLEUM 8-1-1991 BRENTWOOD, MD. examiner 22. NAME ANO AC SS OF FACILITY
HINES-RINALDI FUNERAL HOME the funeral 11800 NEW HAMPSHIRE AVE. SILVER SPRING, MD removal. medical 23. PART I. Effer the diseases, or complications that caused the shock, or heart failure. List only one ceuse on each line. es, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximate interval Betwe 6 Onset and Death IMMEDIATE CAUSE (Final disease or condition cremation, event, the Broncho preumoneu 2 weeks completely resulting in death) OUE TO (OR AS A CONSEQUENCE OF): prior to burial, c CHRossic obstructure pulminary Disease 20 9 RB or other traumatic CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING 6 yRS CARCIN ama CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST amy injury, 2 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the Heath 1 TYES 2 NO OF DEATH? shows t TYES 2 NO has been Depr. of h PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) Item State certificate HOSPITAL:
1 Unpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 5 the 27, MANNER OF OEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, OESCRIBE HOW INJURY OCCURED is marked, With 1 Natural 1 YES 2 NO death В DIRECTOR: After the hours after death 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 28 4 Homicide Hem 29s. CERTIFIER (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Ch TO THE HOSPITAL (TO THE FUNERAL DE FIEL WITHIN 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER BE 008632 Md Mey 7/29/92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Frint)

To BY G. SHERER ND \$00 PERSIT WEG 9 Zuel 20910 Drive 31. DATE FILEO (Month, Day, Year)
JUL 31 92 AZ REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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DIVISION OF VITAL RECORDS	į
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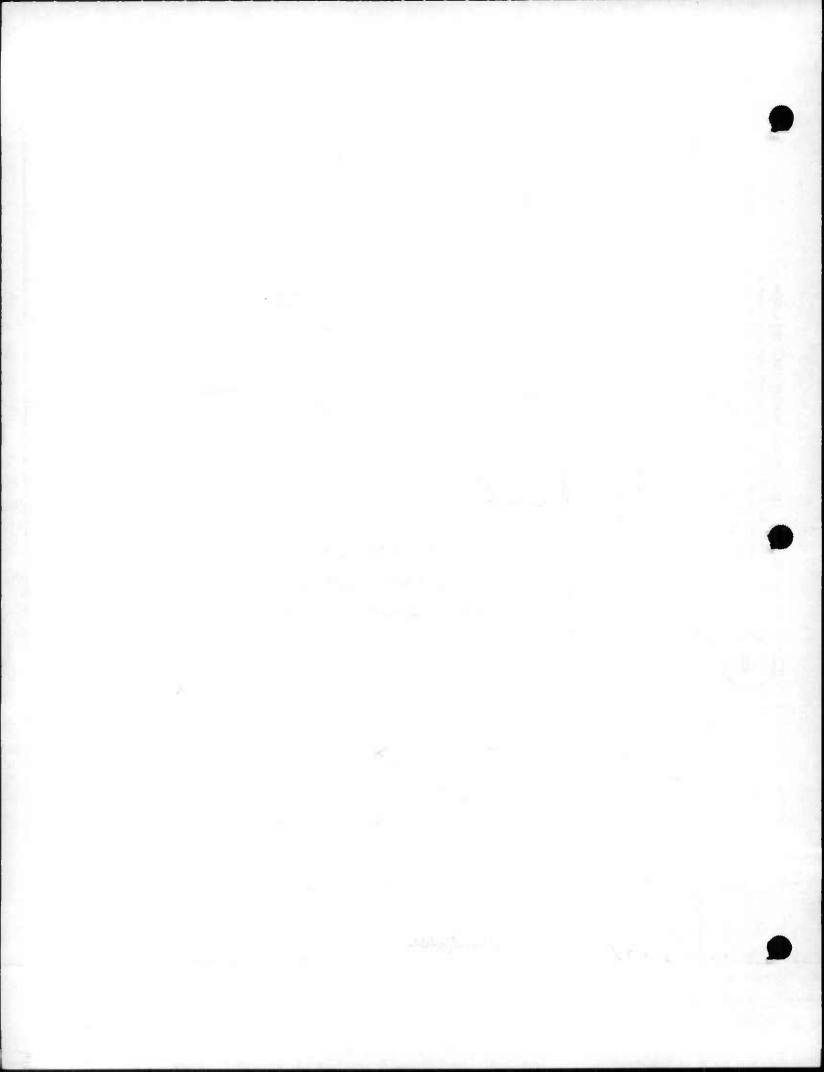
	BALTIMORE, MARYLAND 21215-0020	SICIAN: The Immediates were the executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been righted by the attention and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2. 3 should	n, or removal.	re medical examiner must be notified at once.
E	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law resultes and the design configure be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been worde by the attending struction and completely fill	be filed within 72 hours after death with the State Dept. or Health and Marin Highers prior to burial, cremation	IMPORTANT: If item 28 is marked, or item 23 shows are injury, or other traumatic event, the medical examiner must be notified at once.

GEORGE W.
31. DATE FILED (Month, Day, Year)
JUL 29 92.

GRAVES

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH		TAL HYGIEN	1	2 22671	
	1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM	THEODORE	PIER	SON	M	ATE OF DEATH ON THE ULY 26, 1	AY 1	3. TIME OF DEATH 1:55AM M	
		1 □ M 2 □ F 83	YRS.	MONTHS DAYS HOURS	R 24 HRS. 7. DA MIN. (N JU	ATE OF BIRTH forth, Day, Year) JNE 10,1	909	BIRTHPLACE (State or Foreign Country) IOWA	
TOR	MANOR CARE POTO	1.00		POTOMA		MONTGOMERY			
L DIRECTOR	Virginia 10e. STREET AND NUMBER	Fairfax		TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
FUNERAL	1201 Crest Lane	12. WAS DECEDENT EVER IN		101. ZIP COI)1		U.S.	n of what country?	
В	1 Never Married 2 Married 3 M Widowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT If yes, specify Cub 1 YES 2 X NO	Black, White, etc. Specify: White				
COMPLETED	(Specify only highest grade completed) (Give kind life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. Do NOI life. D			of the work done during most of working of work done during most of working of use melined.) The at Law Private Practice					
BE COM	17. FATHER'S NAME (First, Middle, Last) DAVID T. PIERSON 18. MOTHER'S NAME (First, Middle, Melden Surneme) EUNICE WILSON								
2	19a. INFORMANT'S NAME (Type/Print) William Pierson, J	Jr.		ADDRESS (Street and Number Crest Lane;				ode)	
	20a. METNOD OF DISPOSITION 1 General 2 Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments	rai from State 20b.	PLACE AND DATE OF tery, cremetory or oth COMIOI	er placel Crematory	y 7-			y or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIGHT	Fron		JOSEPH GA 5130 Wisc	AWLER'S	SONS, I	INC.		
	23. PART I. Enter the diseases, or cor ahock, or heert fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	at only one ceuse on ea-	ch line.	_		erdiec or respi	ratory arres	t, Approximata interval Batween Onset and Death	
NOIL	disease or condition resulting in death) a. Condition Due to (or as a consequence of): Due to (or as a consequence of): Conditions, fit any, leading to immediate								
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST								
EDICAL CE	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. Performed? 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AMAIL. COMP								
CIAN: MED						1 🗆 YES 2	No.	OF DEATH?	
	1 YES 2 NO 1	HOSPITAL:		26. PLACE OF DOTHER: Nursing Nome 5 - R	DEATN (Check only				
BY PHYS	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 YES 2	_	DESCRIBE NOW IN	JURY OCCUP	RED	
ETED	3 Suictde 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif	— At home, term, str	eet, lectory, office	28t. L	OCATION (Street a lity or Town, State)	nd Number or	Rural Route Number,	
COMPL	one) 2 MEDICAL EXAMINER:	AN: To the best of my knowle On the besis of examination						ause(s) and manner as stated.	
IO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO (. I rai	en m	0 0	ENSE NUMBER	53	29d. DATE S	IGNED (Month, Day, Year)	
	OU. THAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	IN (ITEM 27) (Type, F	rint)					

VES M.D. 5530 WISCONSIN AVENUE CHEVY CHASE, MARYLAND



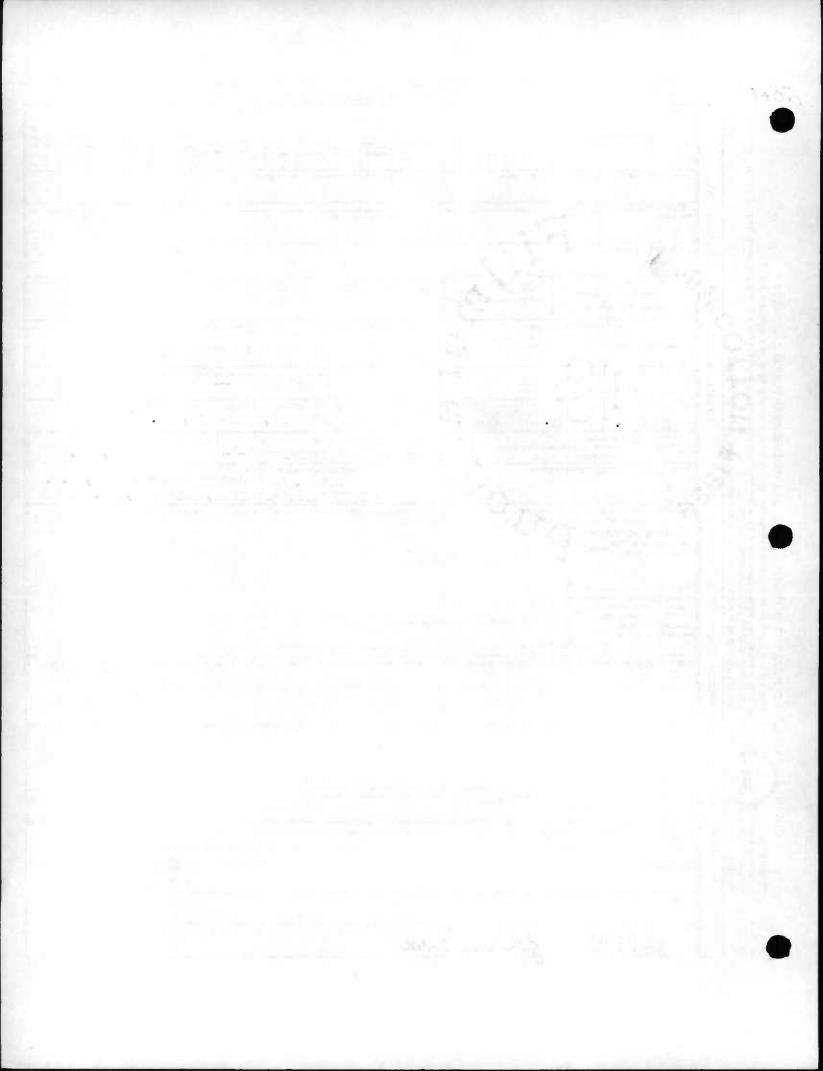
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examiner must be notified at once.	IMPORTANT If them 28 is marked or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
yval.	the first miles 72 hours after death thin my State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
remaining has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	TO THE REMERAL DIFFERENCE AND A COMPLETE HAS been signed by the attending physician and completely filled in by
ter death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PRESIDENT. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Morith, Day, Year) AUG 05 '92

32. REGISTRAR'S SIGNATURE
Fulia Davidson-Pandelle

1 - STATE REGISTRAR	STATE OF MARYLA		IT OF HEALTH AND 'E OF DEATH	MENTAL HYGIENE REG. NO.	92	22672					
1. DECEDENT'S NAME (First, Middle, Las GEORGE E PE	George Ed	ward Peac	cher	2. DATE OF DEATH MONTH DAY	YEAR 92	12:00pm					
219-10-6524	5. SEX 6. AGE (in)	yrs. lest birthday) IF UND 67 YRS. MONTHS	ER 1 YEAR F UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 9-04-24	8. BIRTHPL Country)	ACE (State or Foreign					
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City RESIDENCE OF DECEMENT 9c. COUNTY OF DEATH Baltimore City										
MD Ha					10d. INSIDE LIMITS' 1 Yes						
10a. STREET AND NUMBER 2928 Carlyle 11. MARITAL STRUS	Court		101. ZIP CODE 21009		10g. CITIZEN OF WHAT COUNTRY?						
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	2 NO	3. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Specify	can, Puerto Rican, etc.)							
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	de completed) College (1-4 or 5+)	6a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired Postal Sup	e during most of working .)		ostal Service						
Oliver John Peacher Bandha Beachement											
Thelma D. Peache			ss (Street and Number or Rura arlyle Court			9					
20e. METHOD OF DISPOSITION 1	moval from State 20b. P	LACEAND DATE OF DISPLETED OF PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P	osition(Name of aith Cemeter	DATE 20c. LOCA	ATION - City or Town Baltimore	•					
21. SIGNATURE OF FUNERAL SERVICE	MeComo	00 111	Howard K. Mo 1317 Cokesbu	Comas III Fo ary Road, Ab	ingdon, M	me, P.A. d. 21009					
23. PART I. Enter the disease, o ahook, or heert failure immediate CAUSE (Final disease or condition resulting in death)	r complications that caused to be List only one cause on each a. Severe Due to (OR AS A C	ASCV		ble acuse A		Approximate Interval Between Onset and Deat					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that injury and the cause). DUE TO (OR AS A CONSEQUENCE OF):											
that initiated events resulting in death) LAST d											
IDAM	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. D.D. 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO NO NO NO NO NO NO										
SEVERE DIO SEVERE PUD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	lent 3 DOA OTH	26. PLACE OF DEATH (CER: ursing Home 8 - Residence								
	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJ	JURY OCCURED						
2 Accident Investigation 3 Suicide 5 Could not b 4 Homicide determined	284 PLACE OF IN HERY	- At home, farm, street, fa		26f. LOCATION (Street and City or Town, State)	d Number or Rural Rou	te Number,					
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of my knowled	ige, death occurred at the	time, data and piece, and do	ue to the cause(a) and manno ne time, data and place, and	er as stated. due to the cause(a) a	nd manner se stated.					
296. SIGNATURE AND TITLE OF CENTRE		alley.	29c. LICENSE N		PAL DATE SIGNED IN						
30. NAME/AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Print)	Tu in	01 5	11 010	- M					



3. TIME OF DEATH

DHMH-16 Rev 1/89

(M.E.)

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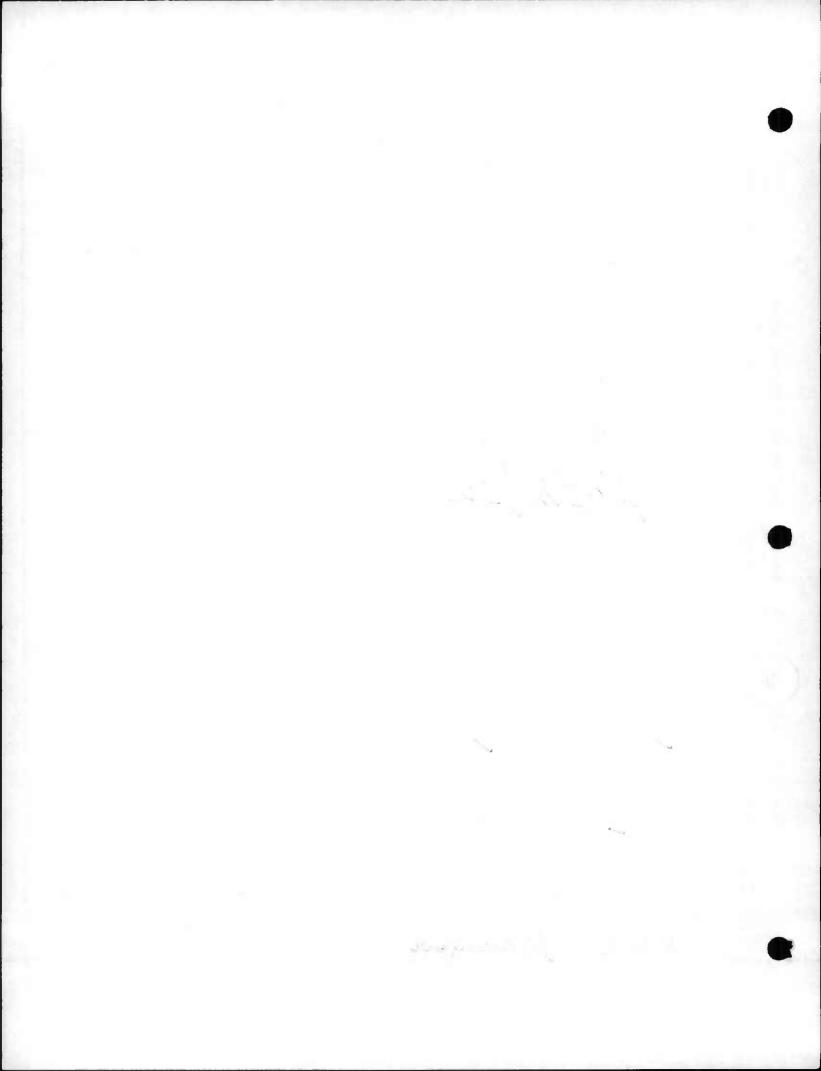
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

death certificate be executed within CORDS, OR ATTENDING PHYSICIAN: The law DIVISION OF VITAL HOSPITAL

2. DATE OF DEATH Mayl PERLMAN BEULAH JULY 28, 10:55 A 1992 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS MONTHS HOURS 1 M 2000 F 66 YRS. MAY 28,1926 119-20-0489 CANADA Dr. detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR by BETHESDA MONTGOMERY SUBURBAN HOSPITAL RESIDENCE OF DECEDENT Released 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MONTGOMERY SILVER SPRING MARYLAND 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20901 UNITED STATES 207 THISTLE DRIVE 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO 11. MARITAL STATUS 14. RACE - American Indian, Black, White, atc. ಭ If yes, specify Cuban, Maxican, Puerto Rica 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВУ once.Cleared 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) during most of working ndery (0-12) College (1-4 or 5+) 12 COUNSELOR **EMPLOYMENT** 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) T ROSE WISEMAN ISIDORE SCHNEIDER BE notified a filled in by the funeral director, page 5 should ion, or removal. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 7162 RIVERS EDGE ROAD - COLUMBIA, MARYLAND 21044 DAVID PERLMAN 9 20s. METHOD OF DISPOSITION
1 X Burlel 2 Cregistion 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must JUDEAN MEMORIAL GARDENS 7/30 OLNEY, MARYLAND medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE, ROCKVILLE, MD. 20852 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line. Approximsta Interval Between IMMEDIATE CAUSE (Final l completely filled inal, cremation, o Onset and Dasth the disesse or condition ar anomat resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) and corr Breust traumatic arcinom CERTIFICATION Sequantially list conditions, if any, laading to immediata cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): manding physician a CAUSE (Disesse or Injury that initiated events or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST i figured by the attend i Health and Mental H nluny, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 YES 2 NO 1 YES 2 NO to de PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h EXAMINER? OTHER: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) # 5 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, E S 1 Natural 5 Pending investigation 1 YES 2 NO BY Atter 2 Accident 26a. PLACE OF INJURY — Al homa, farm, street, factory, offica building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide DIRECTOR: A hours after of lem 28 is 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL
Be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and piece, end due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0 2 onn 32. REGISTRAR'S SIGNATURE '92 chia Davidson Ra JUL 31

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



DHMH-16 Rev 1/89

the medical examiner must be notified at once.

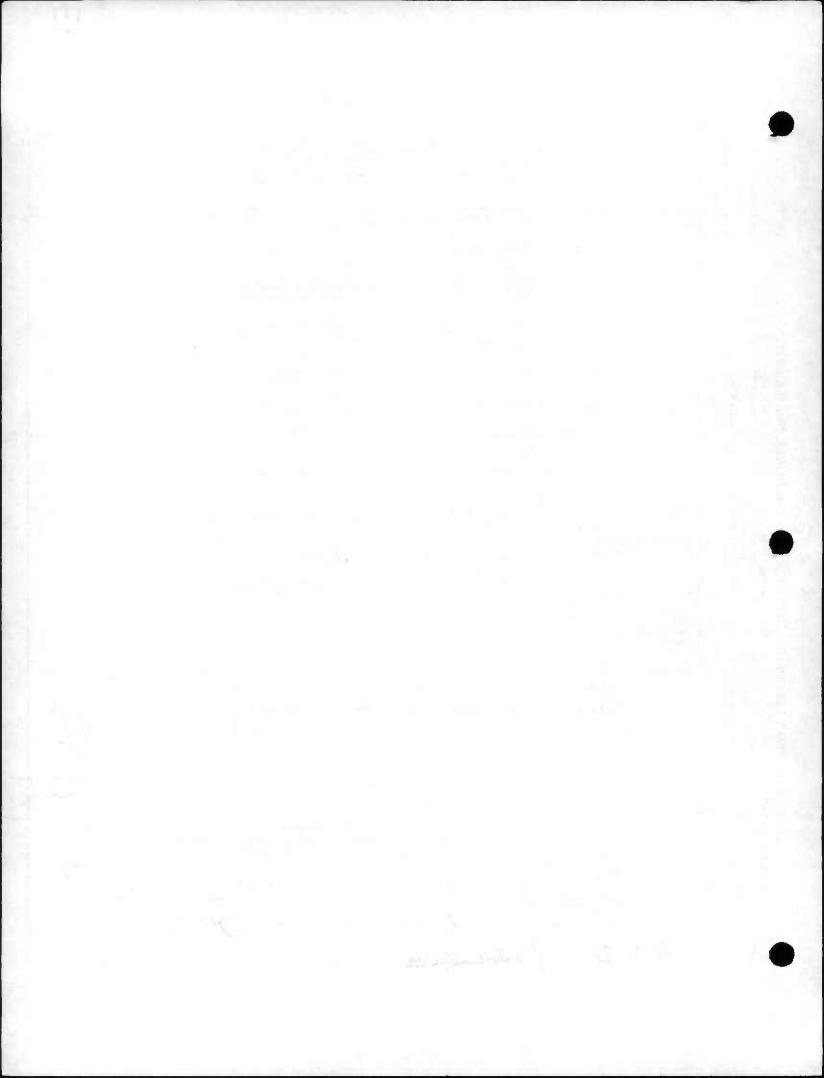
FOR STATE REGISTRAR

1 -

	24	1	tion	幸
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physics and control of fill	be fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burne, crem toon	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other trainment and the

	1. DECEDENT S NAME (FIRST, MIDDIN, LIST)	Ollie	D. R:	ichaı	rdsor	1			July 2	27, 19	992	YEAR 3.	12 26 AM
	4. SOCIAL SECURITY NUMBER	6. SEX 6. A	VGE (In yrs. lesi		IF UNDER	1 YEAR	IF UNDER		7. DATE OF B (Month, Day	IRTH		BIRTHPLA	CE (State or Foreign
	542-22-7022	1 M 2 X F	97	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug. 3	189		Orego	
TOR	99. FACILITY NAME (If not institution, give s CARRIAGE HILI					BETHESDA 9c. COUNTY OF DEATH MONTGOMERY							
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN C	OR LOCATION 10d. INSIDE CITY							
	Maryland Monto	gomery		Si	lver	ver Spring 1 100. ZIP CODE 100. CITIZEN OF WHA					LIMITS? YES 2 NO COUNTRY?		
ERA	1316 Fenwick Lane	9						209	910		United States		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3XXXWIdowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	VES 2 X N			If yes, spe		F HISPAN	IIC ORIGIN? (Sp n, Puerto Rican	ecify Yes or			American Indien, hite, etc.
E	15. DECEDENT'S EDU (Specify only highest grade		(G)	CEDENT'S	work done	during mo-	ON st of working	a	16b. KINI	D OF BUSIN	ESS/INDU		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	eache	se retired.)	Elementary Education				ion			
BE CON	17. FATHER'S NAME (First, Middle, Last) John Wesley Blo	oom					111111111111111111111111111111111111111		me (First, Middle .ne D.				
2	19a. INFORMANT'S NAME (Type/Print)								Route Number, C				
	Cathryn F. Robinson 20s. METHOD OF DISPOSITION 20b. PL							ad,	Bethe				
	4 Deutet 9 M Commettee 9 Demount from State			ACE AND DATE OF DISPOSITION (Name DATE stary, crematory or other place) burban Crematory 7-28					co. LOCATION — City or Town, State				
	21. SIGNATURE OF EUNERAL SERVICE LI	CENSEE	0000	, I U G I I	22.	NAME AN	ID ADDRES	S OF FA	CILITY				inda y admid
	> Ellen	N. Ka	PP						Servic				1D 20910
	23. PART I. Enter the diseases, or shock, or hasrt failure.												Approximate Interval Between Onset and Death
	disease or condition resulting in death) s. Magray dis/ Failure								Constraint Board				
NO	DUE TO (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):									<u> </u>			
ICATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Intilized water Injury Due TO (DR AS A CONSEQUENCE OF):												
CERTIFICATION	that initiated events resulting in death) LAST d												
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Activities Fisciliation Part Performed? 1 YES 2 NO Performed? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 Y								RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO				
					74			1					- 145
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 D NO	HOSPITAL:	/Outpatient 3	DOA	OTHE 4 Min	H:			6 C Other (Sp	ectfy)			
	27. MANNEB OF DEATH 1 Netural 5 Pending	26a. DATE OF INJ (Month, Day,)		28b. TIA		26c. INJ WC		- 1	28d, DESCRI		URY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY At he (Specify)	ome, farm,	street, ted	tory, offic	•		281. LOCATID City or To	N (Street and wn, State)	d Number (or Rural Rout	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end manner ee stated.												nd manner ee stated.
Q :	206. SIGNATURE AND SITLE OF CERTIFIER AND SIGNATURE AND SITLE OF CERTIFIER					29c. LICENSE NUMBER 70 11024				29d. DATE SIGNED (Month, Day, Year)			
8	206. SIGNATURE AND TITLE OF CERTIFO	Inhan	mo	7			0	110	24		1	/27/	onin, Day, Year)
	306 SIGNATURE AND SITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON W	Inhan	PALO OF DEATH (ITE PALO S	M 27) (Type	e, Print)	Onn	0	110	24		1	/27/	ongh, Dey, Year)
8	APB. C	Inhan	ND 8	M 27) (Typo	e, Print)	Omn	0	110	Chry		1	/27/	onjh, Dey, Year)

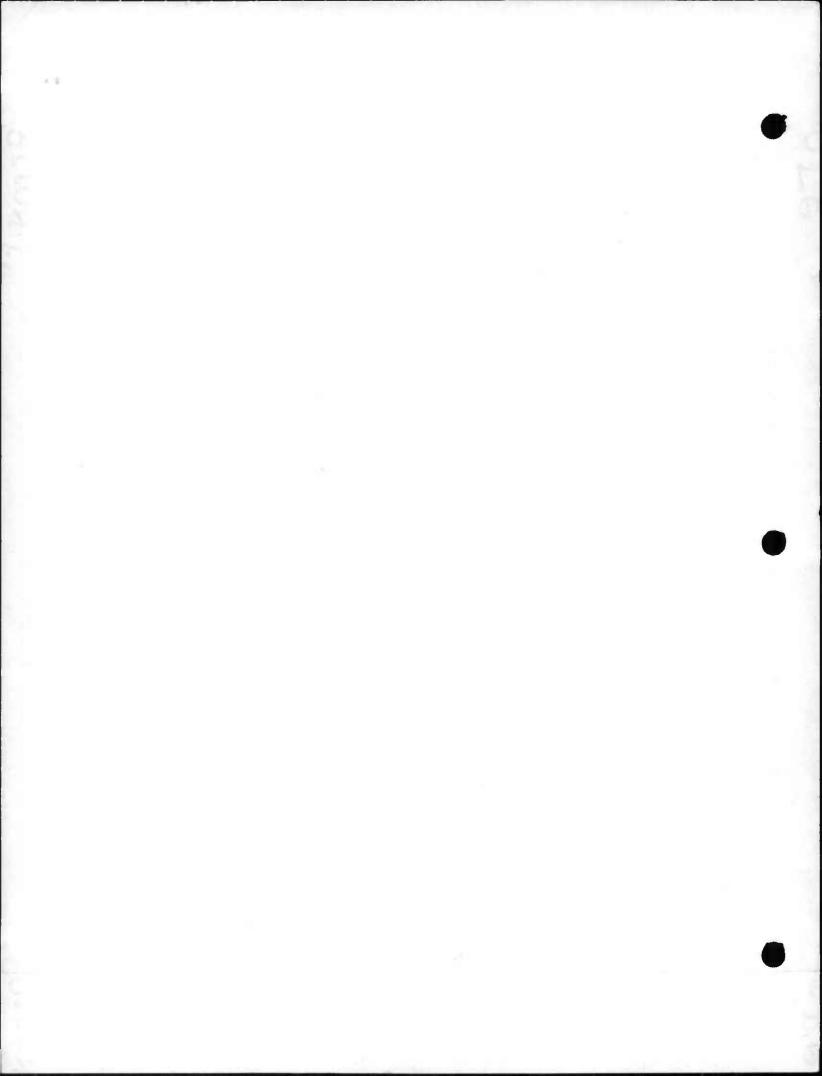
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTRIONS PHYSICAR: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR ATTEMPT CENTRICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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ithin 24	letely fill, remation,	nt, the	
ecuted w	nd comp burial, c	atic evi	
ate be en	hysician a	r traum	
h certific	ending ph Hygiene	or othe	
the deat	y the att	injury,	
uires that	signed b	ws any	
law req	Dept. of	23 sho	
See III	he State	or item	
L OR ATTERDAS PHYSICAN: The law requires that the death certificate be executed within 24 hour	ath with the	narked,	
ATTEROP	after de	28 is i	
TAL OR	AL DIRE	If Item	
TO THE HOSPI	TO THE FUNERAL DIRECTION TO THE CONTINUES TO BE SOUNDED BY THE ATTENDING DISSION AND COMPLETELY FILED IN 10 HE INDIVINE FUNERAL DIRECTION BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY THE STREET BY T	IMPORTANT	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTME	NT OF H	IEALTH AND	MENTAL HYGIEN	E	. 22013	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	Edward Preston	ROBINSON					.1992	12:30 A M	
9	228-22-2796	8. AGE (In yrs. Ia	yrs. Fun	DER 1 YEAR IS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	4.1	BIRTHPLACE (State or Foreign Country)	
DIRECTOR	9a. FACILITY NAME (If not institution, give street DOCTORS COMMUNITY			LANHA	M LOCATION OF	DEATH	PRINCI	OF DEATH E GEORGE'S	
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY, TOW	N OR LOCA	TION			10d, INSIDE CITY	
PIB	Md. Washington Ha			erst	own		1 X YES 2 NO		
	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
띮	1401 Haven Rd.	#T 12			2174)	U	SA	
BY FUNERAL	11. MARITAL STATUS 1	FORCES? 1 NE YES 2 NO				ANIC ORIGIN? (Specify Yes can, Puerto Rican, etc.) illy:	or No- 14. RACE — American Indian, Black, White, etc. Specify: Black		
<u>n</u>	15. DECEDENT'S EDUCAT		ECEDENT'S USUA	. OCCUPATIO	DN NO	16b. KIND OF BU	I SINESS/INDUST		
Li I	(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)	live kind of work do b. Do NOT use retire	d.)					
MPI	Elementary		Truck	Driv	er	Ware	house		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden			
96	Adolphus B					llie Robi			
2	19a. INFORMANT'S NAME (Type/Print)					I Route Number, City or Tow			
	Darlene Robins					ok Dr.,Bo			
	1- Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)		AND DATE OF DISI ematory or other pla	ce)		8/12/	CATION - City	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Ceo.a.	2		Cemeta				
	Mary 6	laybon We	etsni			St., Hag		eral Home	
	23. PART I. Enter the diseases, pr com shock, or heart fallure, List IMMEDIATE CAUSE (Final	pilications that caused the de t only one cause on each line	eath. Do not en	ter the mo	de of dying, su	ch as cardiac or respi	ratory arrest,	Approximata Interval Between Onset and Death	
	disease or condition a. Acute Nes maken Furture a. Acute Nes Minutes Furture DUE TO (OR AS A CONSEQUENCE OF):							Onset and Death	
NO	Sequentially list conditions, DUE TO (QR AS A CONSEQUENCE OF): DUE TO (QR AS A CONSEQUENCE OF):								
EX.	if any, leading to immediate cause. Enter UNDERLYING	Motrista	tie	CA	· VIII	1100		,	
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	OUENCE OF):	On	100	75.			
ERI	resulting in death) LAST					,			
	PART II. Other significent conditions of	ontributing to death but not	resulting in the	underlying	r ceuse alven le	Part I. 24s. WAS AN	Aummey	24b. WERE AUTOPSY FINDINGS	
CAL		to doctribut flot	rosaiting in the	uncerrynn	g cause given in	PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC						1 TES 2	□ NO	OF DEATH?	
2						—		1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (C	theck only one)			
SIC		OSPITAL: inpatient 2 ER/Outpatient 3	DOA 4		e 5 🗆 Residence	6 Other (Specify)			
£	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ	ÚRY AT RK?	28d. DESCRIBE HOW I	NJURY OCCURE	ED .	
ВУ	1 Natural 5 Pending 2 Accident Investigation		M		ES 2 NO				
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, building, etc. (Specify)				tectory, office 281, LOCATION (Street and Number or Rural R City or Town, State)			ural Route Number,	
COMPLETED		N: To the best of my knowledge, de						use(s) and manner as stated.	
Ü	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NL			SNED (Month, Day, Year)	
00	& Ilm	2 on			0-33	799	> 5	2/0/02	
2	30. NAME AND ADDRESS OF PERSON WHO C							11/-16	
	Guido Lojas Cap	itol Energe	y Ass.	575	Main S	t.#355 La	urel.	fd.20707	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	'						
	AUG 1 1 1992 5-	in Sindem-Rudal	C						

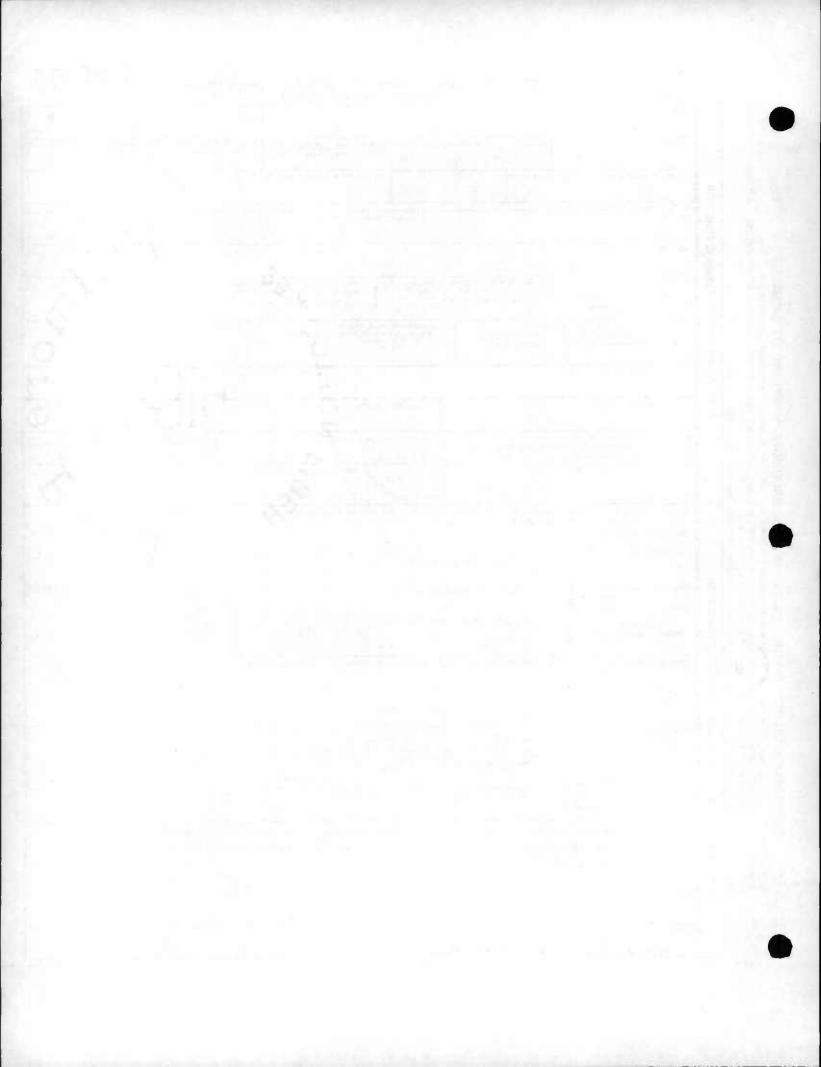


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Lest) Diane Elizate Diane	hoder	ICK	2. DATE OF DEATH MONTH	93	3. TIME OF DEATH 2/30 M						
	4. SOCIAL SECURITY NUMBER 219-80-9658 9. FACILITY NAME (If not institution, give street and number)	O YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF SHITTH (Month, Day, Year) Oct. 11,	1961 Ma	errhplace (State or Foreign ountry) aryland						
TOR	Washington County Hospital	9	Hagerstown	DEATH	Washir							
DIRECTOR	Maryland Washington		rstown, Maryla	nd		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	100. STREET AND NUMBER 10323 Whitehall Road		101. ZIP CODE 21740		U.S.A.							
B	11. MARITAL STATUS 1	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, apacify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ◯ NO Specify: White									
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of world life. Do NOT use n	CEDENT'S USUAL OCCUPATION ive kind of work done during most of working . Do NOT use retired.)									
₹	12 17. FATHER'S NAME (First, Mickille, Last)	Clerk			nience S	Store						
	Robert Charles Jackson			AME (First, Middle, Maiden lizabeth C								
BE	19a. INFORMANT'S NAME (Type/Print)	19b, MAILING AL	DRESS (Street and Number or Rura			ı.						
2	Dale V. Rhoderick		Whitehall Road			yland 21740						
- 5	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Removal from State	PLACE AND DATE OF I	DISPOSITION (Name of	OATE 20c, LO	CATION - City of							
- 3	4 Donation 5 Other (Specify)	avercreel	Cemetery 8-8		erstown,	Maryland						
4	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	nuch	415 E. Wilso	Minnicl	h Funera	al Home wn, Md. 21740						
	23. PART I. Enter the diseases, or complications that caused shock, or heart feliure. List only one cause on ea IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A	ich line.	enter the mode of dying, su		iratory arrest,	Approximate Interval Between Onset end Deeth 34cct 5						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events b. Due to (or as a consequence of): c. Due to (or as a consequence of):											
ERT	resulting in deeth) LAST											
DICAL	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO											
PHYSICIAN: ME						1 TES 2 NO						
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	10	28. PLACE OF OEATH (C	heck only one)								
HYS	1 ☐ YES 2 ☐ NO	rtlent 3 DOA 4	□ Nursing Home 5 □ Residence F 28c, INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW (M HIRV COCHEC							
B	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJUR	WORK? M 1 YES 2 NO									
	4 Hamicide determined building, etc. (Specific	(y)	a, ractory, office	281. LOCATION (Street City or Town, State)	and Number of Nur	rai noute number,						
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowle one) 2 MEDICAL EXAMINER: On the basic of examination					se(s) and manner as stated.						
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Oach	1	29c, LICENSE NO	MBER 775	≥ 8/5	NED (Mylen, Day, Year)						
	239 N- POTOMAC ST		Lagers Turn	md	21	740						
	31. DATE FILED (Month, Day, Year) J.32. REGISTRAR'S SIGNA AUG 11 1992	-										

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: If item 28 is marked, or Item 23 shows



he law recents that the death certificate be accorded within 24 nours after death. Page 6 may be installed by the hospital or attending physician.

This been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. BALTIMORE, MARYLAND 21215-0020 DIVISION OF WIAL RECORDS, P.O. BOX 68760,

em 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDINE
TO THE FUNERAL DIRECTOR: An Indian 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded within 72 hours after demanded withi

FOR STATE REGISTRAR

STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	LERDY R	000000	() ()			AY	MEAN	E OF DEATH
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	_	8. BIRTHPLACE	024 M
	215-14-2207	1⊠ M 2 □ F 7	O YRS.	MONTHS DAYS	HOURS MIN.	(Month One Year)		Maryla	
œ	90. FACILITY NAME (If not institution, give street end number) Carroll County General Hospital Westminster Carroll								
6	RESIDENCE OF DECEDENT		Spicar	Wesch	ITIISCEL		Cai	1011	
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. Waryland Carroll Westminster								
۲۵	10e. STREET AND NUMBER	.011	W 6		r. ZIP CODE		1 ☑ YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	7 B Sullivan A	lve			21157	7		J.S.A.	
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 TYES	2 NO			NIC ORIGIN? (Specify Yes an, Puerto Ricen, etc.)	or No-	14. RACE — Ame Black, White,	orican Indian, atc.
ВУ	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DA	ATES	1 ☐ YES 2 ☑ NO Specify: Specify: Wh					nite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of	USUAL OCCUPATI	ON ost of working	16b. KIND OF BUS	SINESS/INDL	JSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		of work done during most of working T use relired. Ctory Lincoln Ladder					
OM	17. FATHER'S NAME (First, Middle, Last)		Fac	Lory	18. MOTHER'S NA	ME (First, Middle, Meiden		ader	
BE C	Ardel William	Robertson				Fannie H	,	S	
TO B	196. INFORMANT'S NAME (Type/Print) 190. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4306 Teen Barnes Rd. Jefferson, Md. 21755								
	20s. METHOD OF DISPOSITION 1	20b.	. PLACE AND DATE	OF DISPOSITION /N				City or Town, State	
	4 Donation 6 Other (Specify)	P	ipe Cre	eek Cen	etery	8/5 New	Win	dsor, M	
	21. SIGNAL ONE OF PUNEHAL SERVICE LI	1 -1 11-1-	-	Thoma	ND ADDRESS OF FA	etcher &	Son	F.H. ²	21157
	Many	tleleho	N			St. West			ld.
	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	List only one cause on es	i the deeth. DD i ach line.	not enter the me	ode of dying, suc	h aa cerdlec or reepi	ratory arre	In	ipproximats nterval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	O Acure	MYOCK	edial in	गम्पान			0	Onset and Death
			CONSEQUENCE OF		A et en				
ON	Sequentially flat conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	C							
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEQUENCE OF	F):					
8	DART II Other significant condition	d.							
DICAL	PART II. Other significant condition	is contributing to death be	ut not resulting	in the underlyin	g ceuse given in	PERFOR	RMED?	AVAILAB	UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE
MEDI						1 🗆 YES 2	NO	OF DEAT	TH?
						_		1 1 1	ES 2 (X)NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)			
YSI	1 TYES 2 NO	Manufacture 2 Encourp			ne 5 🗆 Residence	6 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	(Morith, Day, Year)	28b. TIM	URY WO	DURY AT DRK?	28d. DEŞCRIBE HOW II	NJURY OCCU	JRED	
2 Accident Investigation Investigation 2 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or							or Rural Bouta Nur	mber	
COMPLETED	4 Homicide 6 Could not be determined	building, etc. (Speci	Hy)	Section 1		City or fown, State)		A COURT PRODUCTION	noon,
2	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowle	edge, death occurr	ed at the time, date	and place, and due	to the cause(e) and man	iner ea state	d.	
Sol		R: On the basis of examination	end/or investigation	n, in my opinion, o	leath occured at the	time, date and place, an	d due to the	cause(e) end ma	anner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE NUM	IBER		SIGNED (Month,	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA		Print)	D31	- 60	. 6	12192	
	THOMAS GAL	VIN MO 5	42 WA	SHING	700 PG	WESTA	1113	POR MA	21157
	31. DATE FILED (Morth, Day, Year) AUG 0 5 '02	32. REGISTRAR'S SIGN		dell					

Sant as J. D.

injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First	I, Middle, Lest)								2. DATE OF DEATH	Av	VEAR	3. TIME OF DEATH
			rice	Shry	RE	NN				July 12	1992 6:35 a M		6:35 а м
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. les		IF UNDER	YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
	216-07-640		1 🗆 M 2 😿 F	9	2YRS.	-ONTHS	DAYS	HOURS	MIN.	May 12, 1	900	Mai	ryland
-	9a. FACILITY NAME (# not is					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
6	Homewood Re		ent Cent	er		Frederick				Fr	eder	ick	
E C	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	LOCA	TION					10d. INSIDE CITY
DIRECTOR	Maryland	Fre	ederick			Adams	tow	n					LIMITS?
	10e. STREET AND NUMBER					101. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	5520 Mounty	ville F	Road			21710				U.S.A.			
💆	11. MARITAL STATUS			NT EVER IN U.S. AR		13. V	AS OEC	ENDENT O	F HISPAN	IIC ORIGIN? (Specify Ye		14. RAC	E — American Indian,
BY	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES							2 NO		n, Puerto Rican, etc.)			k, White, etc. White
	**	EDENT'S EOU	PATION	4000								<u> </u>	WILLCE
COMPLETED	(Specify onli Elementary/Secondary (I	ly highest grade	completed)	(G/		USUAL OC work done di se retired.)			g	16b. KIND OF BU	SINESS/IN	DUSTRY	
2	7	0-12)	College (1-4 or 5	*)	Home	emake	r						
NO N	17. FATHER'S NAME (First, M	fiddie, Last)						18. MOTH	HER'S NAI	ME (First, Middle, Maiden	Surname)		
BE C	Andrew	Fill	more	SHRY						rine	,	UM	BAUGH
10 B	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Toute Number, City or Tox	n, State, Zi	p Code)	
۱۶	Mr. William	n H. At	alt, Jr	1	P.O.	Box	120	2, L	eesb	urg, Loude	un C	0.,	Va 22075
	20a. METHOD OF DISPOSIT		oval from State	20b. PLACE A	ND DATE	OF DISPOSI	TION (Na	me of			CATION -		
	4 Donation 5 Other			Mount	Oliv	vet C				/15/92 Fre	deri	ck,	Maryland
	21. SIGNATURE OUT UNERA	SERVICE LIC	ENSEE					D ADDRES		ord P.A. I	hmer	al H	Ome
	TOTAL	Mur		MOM		10	6 E	ast (Chur	ch St., Fr	eder	ick,	MD 21701
	23. PART I. Enter the d shock, or h	istasea, or c	omplications the	at caused the de	ath. Do r	not entar	he mo	da of dyl	ng, suct	n as cardiac or reap	iratory ar	reat,	Approximata
	IMMEDIATE CAUSE (Fir	nal											Interval Betwean Onset and Death
	disease or condition	→ ,	. 60	JEUMON	100								
i	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):												
NO	Sequentially list condit		DUE TO	OR AS A CONSEC	MENCE OF								
AT	if any, leading to imme cause. Enter UNDERLY		502 10	(OII AS A CONSEC	OLNOE O	r).							
프	CAUSE (Disease or Injuthat Initiated events	iry 🥻 ʻ	DUE TO	(OR AS A CONSEC	WENCE OF	F):							
CERTIFICATION	reaulting in death) LAS	T	l										
	PART II. Other aignifica	ent condition	contributing to	death but not a	on delana	la éba usa	la ala da		-l t t	2-11			
EDICAL						in the unc	enyin	g cause g	Iven in	Part I. 24a. WAS AN PERFOI		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	0025	10071	Jacon la	DSEA.	Δ4					1 YES :	NO		OF DEATN?
Σ	CEICE	pro-V	1113 0000	1321	1					_			1 TES 2 NO
PHYSICIAN	25. WAS CASE REFERRED T	O MEDICAL					26. PI	ACE OF O	FATN (Che	ock only one)			
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHER				6 Cher (Specify)			
Ŧ	27. MANNER OF DEATN		28a. DATE OF	YNUURY	28b. TIM	E OF	Bc, INJ	URY AT	alderica	28d. DESCRIBE HOW	NJURY OC	CURED	
ВУ Р		Pending Investigation	(Month, E	лиу, төшг)	INJ	URY M		RK? YES 2 [NO				
	3 Sulcide 8	Could not be	26a. PLACE C	OF INJURY - At hor etc. (Specify)	ne, farm, e	treet, facto	ry, offic			26f. LOCATION (Street City or Town, State)	and Numbe	r or Rural I	Route Number,
COMPLETED	4 Homicide	detarmined								Only or rown, State)			
21	29a. CERTIFIER (Check only	TIFYING PHYSIC	CIAN: To the best of	l my knowledge, des	nth occurre	ed at the tim	ia, data	and place,	and dua	to the cause(s) and ma	ner as sta	ted.	
O													s) and manner as stated.
BE C	296. SIGNATURE-AND TITLE	OF CERTIFIER						29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
68	Cion	v /.	Smil		41).		D1	1058	7	▶ J	ulv	13, 1992
F	30. NAME AND ADDRESS OF	¥											
	George I. S	mith,	Jr., M.I	D., 300 I	Vest	Nint	h S	treet	t, F	rederick,	Mary	land	21701
	31. DATE FILED (Month, Day.	1002	32. REGISTRA	udson-Rank	1.00								
	20576	1337	grana Du	4dson-Man	PARK								

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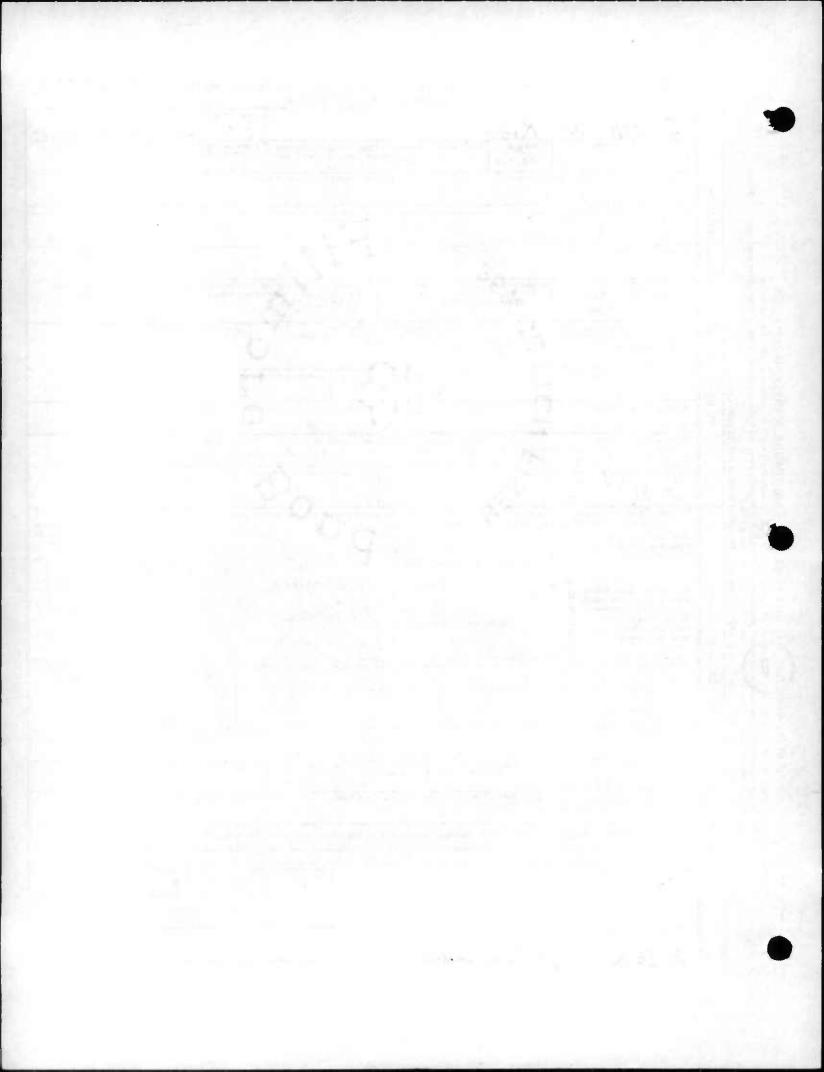
THE HOSPITAL OR ATTENDING PHYSICIAN! The law requires mail an entiticate be executed within 24 hours after		n 24 hours after	A. Miles & V. A.
DIVISION OF VITAL RECORDS, R.O. BO THE HOSPITAL OR ATTENDING PHYSICIAN THE LOS OPPOSED THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE TOTAL CONTINUE THE CONTINUE THE TOTA	X 68760,	e executed within	
THE HOSPITAL OR ATTENDING PHYSICIAN! The Law coquires small construction	P.O. BO	m certificate by	A second
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)	THE HOSPITAL	

31. DATE FILED (Month, Day.

	1 - FOR STATE REGISTRAR	STATE OF A	MARYLAND / DEPAR CERTIF	RTMENT OF I		MENTAL HYGIENE REG. NO.	92	22679	
	1. DECEMBET'S NAME (FIRST, MICHOL LAST) JOSEPH W.	Right	Istine			2. DATE OF DEATH DAY 07 - 26	9Z	3. TIME OF DEATH 0720A M	
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 579-34-8177	t ⊠M 2 □ F	E. AGE (In just leaf birthday)	FUNDER : YEAR MONTHS DAYS	FUNDER 24 HILL HOURS MIN.	AUG. 29, 1928	G.29,1928 VIRGINIA		
	9e. FACILITY NAME (If not institution, give street end number) WASHINGTON ADVENTIST HOSPITAL RESIDENCE OF DECEDENT			96. CITY, TOWN OF LOCATION OF DEATH TAKOMA PARK MONTGOMERY					
	MD Mongomery Tay			Koma	ia Park			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	8403 FLOWER AVENUE 11. MARITAL STATUS 12. WAS DECEDENT, EVER IN U.S. ARMED			20912 US			USA		
B≺	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	X YES 2 NO	if yes, sp	ecity Cuben, Mexic	an, Puerto Rican, etc.)	Speci	— American Indian, s, White, atc. ly: JHITE	
BE COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. I COMPLET OF A N.Y. The secondary (0-12) The secondary (0-12) 16e. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.)								
	12 ELECTRICIAN 17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Meiden Surneme) CLAIRE A. IRWIN								
7	ALICIA M. RIGHTSTINE (WIFE) 8403 FLOWER AVENUE TAKOMA PARK, MARYLAND 20912								
	20a. METNOD OF DISPOSITION 1 All Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other piece) CATE OF HEAVEN CEMETERY 7/28 SILVER SPRING, MARYLAND								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901								
	23. PART I. Enter the diseases, or ahock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications the List only one cau	coused the deeth. Do	hock	de of dylng, suc	ch aa cerdlec or reapirate	ory arrest,	Approximata interval Between Onset and Death	
NOI	Sequentially list conditions,	Premier				3 Cueft			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events					3 Weeks			
L CER	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PRIDINGS								
BY PHYSICIAN: MEDICAL	PERFORMED? 1 YES 2 NO OF						AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1								
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 26d. DESCRIBE HOW INJURY OCCU					RY OCCURED		
8	3 Suicide 4 Homicide 5 Could not ba determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28e. LOCATION (Street and Number or Flural Route Number, City or Town, State)						loute Number,		
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.								
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Your) 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 22) (Type Print)								

N WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89



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DIVIDION OF ALL MANAGEMENTS, F.O. D.	TO THE HOSPITAL OR ATTENDING PHYSICIAN TRADES INTO THE UP CALLIN CARLIN CARLINGS	TO THE FUNERAL DIRECTOR: After this certificant to be the production to the standing physical	giene	IMPORTANT: If item 28 is marked, or item 23 more any injury, or other tr
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

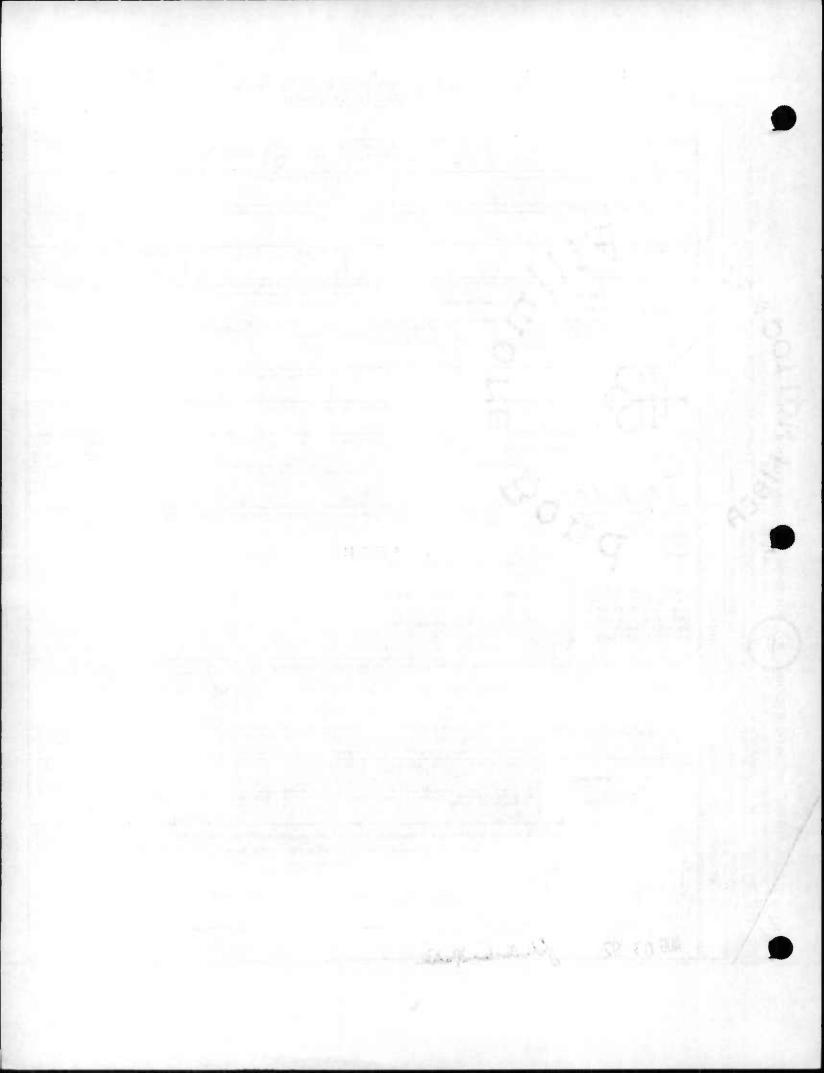
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.							2 22000	
- April Care	1. CTEDENT'S HAME (First, Middle Leat) Mary Winifred	clands			1	2. DATE OF DEATH MONTH DAY PEAR 3. TIME OF DEATH OM			
CTOR	4. SOCIAL SECURITY NUMBER: 4.05-50-1290 9a. FACILITY NAME (If not institution, give si	1 🗆 M 2 🗗 F	75 YRS. MO		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-15-191	7 (BIRTHPLACE (State or Foreign Country) Kentucky	
	Suburban Hospital Bethesda					Montgomery			
DIRE	Kentucky 10b. county	Marion 10c. CITY, TOWN OR LOCATION Lebanon			N.	10d. INSIDE CITY LIMITS? 12 YES 2 NO			
COMPLETED BY FUNERAL DIRECTOR	112 Cooper Driv				40033		of what country?		
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES 2 NO If yes, specify Cuban, I			Ify Cuban, Mexican,	ANIC ORIGIN? (Specify Yes or No- ican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: White			
		ECEDENT'S DUCATION only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)			of working	16b. KIND OF BUS	I INESS/INDUST		
	17. FATHER'S NAME (First, Middle, Lest)					r Whiskey Distillery ME (First, Middle, Melden Surname)			
TO BE	Clem Newton Susie 19a. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rura				Murphy Route Number, City or Town, State, Zip Code) 40037				
۴	Donald Smith 20e. METHOD OF DISPOSITION XXBurlet 2 Cremetion 3 Remo	Donald Smith 1550 Spencer Hamilton Rd. Loretto, Ky. 20e. METHOD OF DISPOSITION 20e. LOCATION - City or Town, State 20e. LOCATION - City or Town, State					or Town, State		
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	St. Rose	22. NAME AND	ADDRESS OF FACE	LITY 1994		ofield Ky.	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other algorithms conditions contributing to death but not resulting in the underlying cause given in Starty post myocardeal inferchion and cardeal by pass surgery 5 weeks ago					ert i. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 ONO 1 Compatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF NJURY AT WORK? 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28c. DATE OF INJURY OCCURED 28c. DATE OF INJURY OCCURED 28c. DATE OF INJURY OCCURED 28c. DATE OF INJURY OCCURED 28c. DATE OF INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED 28c. INJURY OCCURED						ED	
	3 Suicide 6 Could not be determined	28a PLACE OF IN HIRV - At home form alread to the adding				281, LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.								
TO BE C	29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) D43005 73094						BNEO (Month, Day, Year)		
	Mitchell Frost 5622 Shields Dr Betheda, MD 20817								
	AUC 67 92	32. REGISTRAR'S SIGN	ALURE		*				

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DECEDENT'S NAME (First,	Middle, Last)							ГН	2. DAT	REG. NO	,		3. TIME OF DEATH
STEVEN		D.				CITITIDE O	S. Jr.		0.7		MY	YEAR 92	A 4015 - 45 - 45
SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE	(In yrs. lest bin		F UNDER 1 YEAR			V /	E OF BIRTN	8	160	11:00 NPLACE (State or Foreig
212-35-5703		1XXM 2 F			/DG	7 1	1.0 11.00	MIN.	(Mor	oth, Day, Year)	1001	Coun	try)
. FACILITY NAME (If not In:	stitution, give	street and number)					N OR LOCATION	ON OF D		. 18,		Mai	ryland
OLY CROSS I	HOSDIT	PΛT				CTIME	CDDT	770			MACO TO	OOM	
ESIDENCE OF DEC	EDENT					STLAGE	R SPRI	ING			IMOM	(GOME	SRY
. STATE	10b. COUNT	Y		10	e. CITY, T	OWN OR LO	CATION						10d. INSIDE CITY
laryland	Mo	ntgomery			Wh	eaton							t ☐ YES XXX NO
STREET AND NUMBER							tof. ZIP CODE	E			10g. CI1	TIZEN OF	WHAT COUNTRY?
1819 Dewey	Road						2090						States
MARITAL STATUS Never Married 2	Married	12. WAS DECEDEN	YES	2 X NO		13. WAS D	ECENDENT C specify Cuba	F NISPAI	NIC ORIG	IN? (Specify Ye	s or No—	14. RAC Blec	E — American Indian, ik, White, atc.
Widowed 4 Divo		IF YES, GIVE V	MAR OR DA	ATES			ES 2 X NO					Spec	
15. DEC	EDENT'S EDL	ICATION		16a DECED	ENT'S HE	UAL OCCUPA	TION		T	b. KIND OF BU			White
(Specify only	highest grad	e completed)		(Give k		done during	most of working	ng	16	a. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0	-12)	College (t-4 or 5	+)	7.50	one					N	/n		
FATHER'S NAME (First, MI	ddle, Last)			140	7116		ta MOTI	NEB'S N	ME /El-	Middle, Meider	/A	-	
Steven D.).S								E. Um:	,		
INFORMANT'S NAME (1)		, ,		10h M	MILING 40	OBESS /SH				E. UM:			
Darlene E.		nhs								n, Mar			1006
METNOD OF DISPOSITI			201	PLACE AND							YLANO CATION -		906
Burial 2 Cremation Donation 8 Other		noval from State	cern	netery, cremato	ry or other	place)	Semete	/1/9	2				own, state ig, Maryla
SIGNATURE OF FUNERAL	opecity)		_ 0	ace of	1166	aven (remere	гĀ		211	VCI D	PLI	ig, Maryra
UNIONAL DIESE FOR FUNDAMENTAL	SERVICE LI	CENSEE				22. NAME	AND ADDRES	SS OF FA	CHITY				
PART I. Enter the di	(L)	Lorins	it ceused	the death.)846 Do not	Robe 300 Rock	AND ADDRES Ert A. West Ville	Pum Mont	phre gome	ey Func ery Ave and 20	eral enue 0850-	Home 2805	PROCKVIII
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PART 1. Enter the di shock, or he MEDIATE CAUSE (Fin	eases, or part fallure.	dometications the	use on a	the death.	Do not	Robe 300 Rock	ert A. West ville	Pum Mont	phre gome	ey Funder Avenue 20	eral enue 0850- Iratory ar	Home 2805 reat,	Approximate Interval Betw
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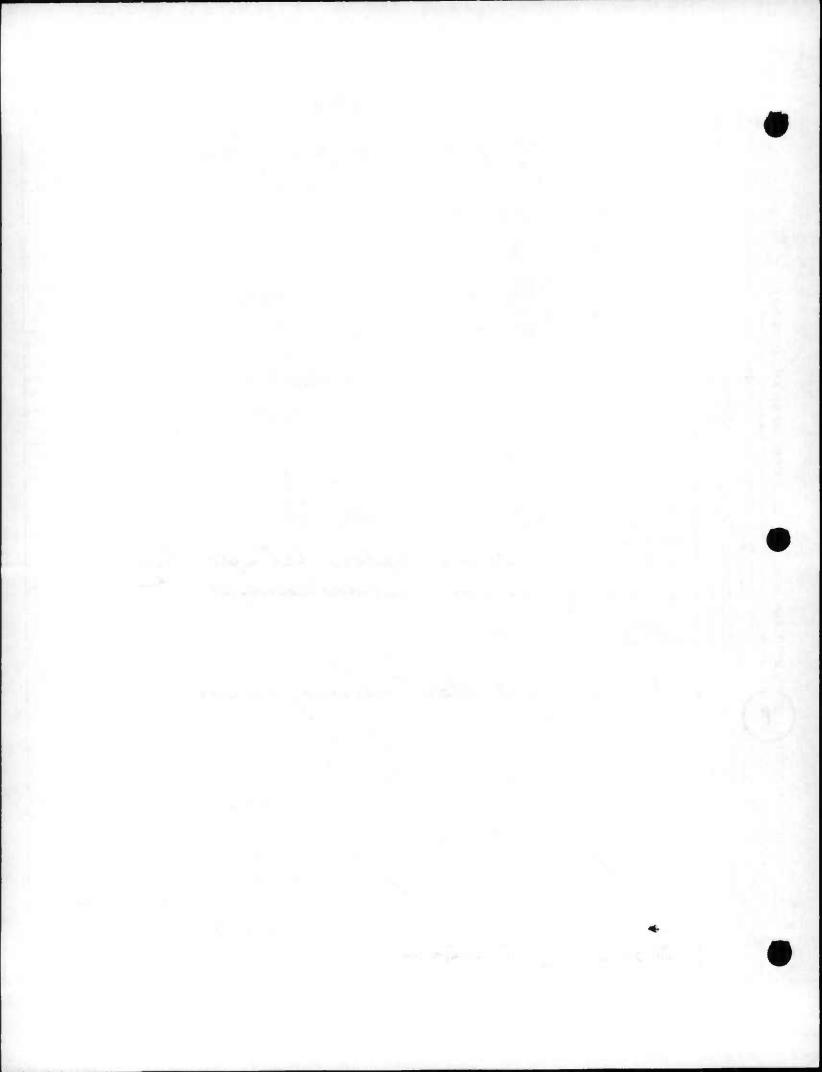
DNMN-18 Rev 1/89



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	erificate the test seems of the steading physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer names to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to seems to see seems to see seems to see seems to see seems to seem to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems to see seems	Of (PMOVA).	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN THE WATER HAS THE MEAN AND THE HOSPITAL DR ATTENDING PHYSICIAN THE MASSITIAL OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MASSITIAN OF THE MA	TO THE FUNERAL DIRECTOR: After this certificate in the transport of the attending physician and completely filled	be filed within 72 hours after death with the Starr Dran comment and Mental Hyglene prior to burial, cremation,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEI	PARTMEN	T OF I	HEALTH	AND I	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	Coatt		11 100.11		DEA		2. DATE OF DEATH MONTH DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Scott. 5. SEX 6. AGE.	(In yrs. last birtho	day) I III IIINDE	R 1 YEAR	IF UNDER	24 (484)	7/29/92 7. DATE OF BIRTH			7:00 am M
	203-01-8517		70 YR	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	2002	COUNT	HPLACE (State or Foreign ny)
	9a. FACILITY NAME (If not institution, give s		70	9h CIT	V TOWN	OR LOCATIO	ON OF OF	Sept. 19,			
DIRECTOR	10506 Westlake Di				ethe		ON OF CE	AIN		ntgor	
R	10a, STATE 10b, COUNTY	-	10c.	CITY, TOWN	OR LOCA	TION					10d. INSIDE CITY
	Maryland Monto	gomery	В	ethes		. ZIP CODE	E		I too CIT	IZEN OF 1	LIMITS? 1 YES 2 X NO WHAT COUNTRY?
FUNERAL	10506 Westlake Dr	rive. #103					20	0817			States
5	11. MARITAL STATUS	12. WAS DECEDENT EVER H	N U.S. ARMED	13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Specify Yea			
ВУР	1 Never Married 2XX Merried 3 Widowed 4 Olvorced	FORCES? 1 YES			If yes, sp	ecity Cuba	n, Maxicar Specify.	n, Puerto Rican, etc.)		Blac	E — American Indian, k, White, atc.
						\/\				Spec	White
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade	CATION completed)	16a, DECEDEN (Give kind	d of work done	CCUPATIO	ON ast of workin	a	16b. KIND OF BUS	SINESS/IN	DUSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)		OT use retired.)			Ĭ				
\$	11		Auto	Mechar	nic			Car Dea		ship	
8	17. FATNER'S NAME (First, Middle, Last)							ME (First, Middle, Maiden	Sumame)		
BE	Floyd Scott 19a. INFORMANT'S NAME (Type/Print)							Compter			
2						nd Number	or Rural A	loute Number, City or Town	n, State, Zip	Code)	
	Melvena Scott			me as	-						
	20a. METHOD OF DISPOSITION 1 Burlal 2X Cremetion 3 Remo	oval from State cog	PLACE AND DA	or other place)	SITION (Na	me of			CATION —		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENGE	Suburba Suburba					7-29 Silv	ver S	prir	ng, Maryland
	> Eleen	W. Ray	90	F C	Rapp Rapp	Fune	ral Aven	Services, ue, Silver	P. A	l.	MD 20010
CERTIFICATION	23. PART i. Enter the diseases, or c shock, or heart failurs. I IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	COMSEQUENCE	lepti asci				roply			Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL	PART II. Other significant conditions (Manual (Dusting to death be	ut not resulti	ul ul	MCA.	res g		Pert I. 24a. WAS AN PERFORI		246.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DE	ATN (Chec	ck only one)	-		
is I	1 TYES 2X NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpe	atlent 3 DO	OTHER 4 Nun	ing Nome	5X Res	idenca 6	Other (Specify)			
E	27. MANNER OF DEATN	26e. OATE OF INJURY (Month, Day, Year)	26b.	TIME OF INJURY	28c. INJI WOI	JRY AT		26d. DESCRIBE NOW IN	JURY OCC	CURED	
8	1 X Natural 5 Pending 2 Accident Investigation			M	1 🗌 Y		NO				
	3 Suicide 6 Could not be detarmined	26e. PLACE OF INJURY building, atc. (Speci	— A1 home, feri	m, aireet, fact	ory, office	1		281. LOCATION (Street ar City or Town, State)	nd Number	or Rural R	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowlet: On the bests of examination	edge, death occ and/or ipvestig	urred at the ti	ime, deta pinion, de	and place, eath occure	and dua to	o the cause(a) and menr	ner as state	ed. • cause(e)	and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER		1	1		29c. LICE					(Month, Day, Year)
	1 anne	Well to	hand			D17			17	-20	97
٩	30. NAME AND ADDRESS OF PERSON WHO							0:2			
	31. DATE 1 ILED (Month, Day, Year)	Swink, M. D. 102. REGISTRAR'S SIGNA Fulla Davidana	TURE	2415 M	usgr	ove	Rd ·	Silver Spr	ing,	MD	20904



18760, BALTIMORE, MARYLAND 21215-0020	2	TO THE FUNEAL DIRECTOR: After this certificate the beneathed the purificant and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit certific	ural cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 many only injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL BEGORDS, P.O. BOX 68760,	e I'w requires my the death certificate be ea	he bear ned by the attending physician a	Char. of Health, and Mental Hygiene prior to	1 23 hours day injury, or other traum
DIVISION OF VITA	THE HOSPITAL OR ATTENDING PHYSICIAN: TIM	THE FUNERAL DIRECTOR: After this certificate	be filed within 72 hours after death with the State	MPORTANT: If Item 28 is marked, or Item

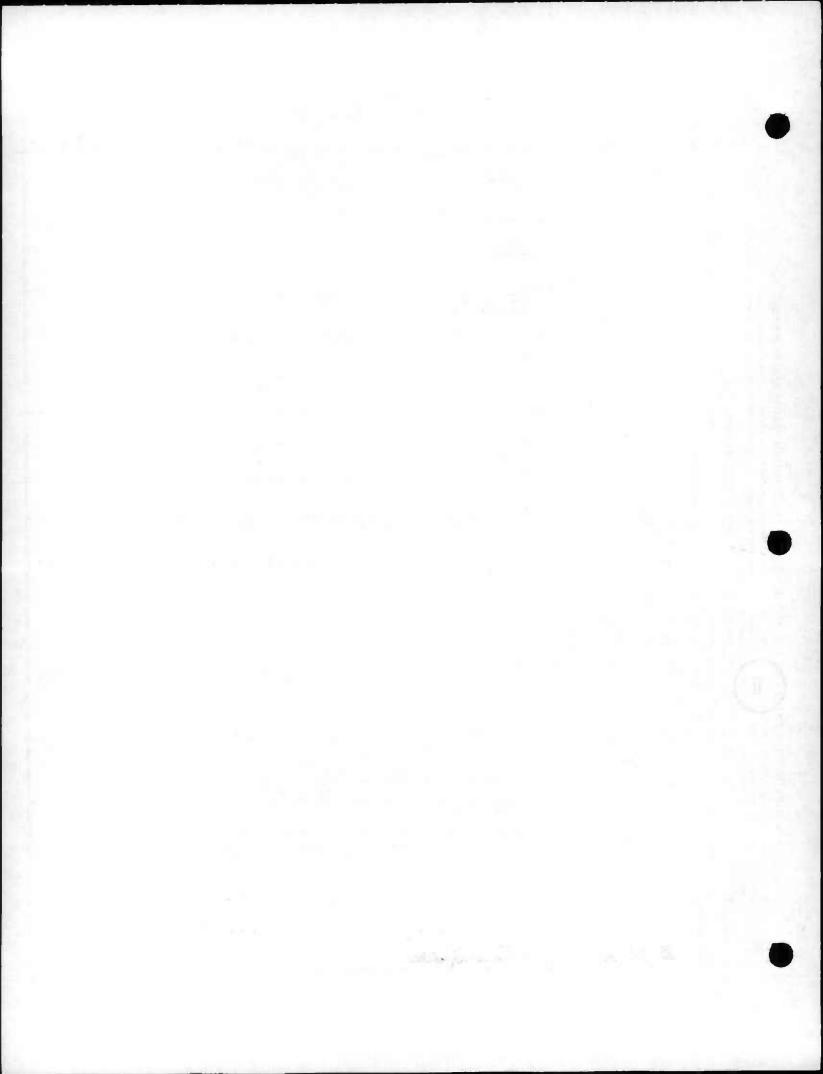
Pages 1, 2, 3 should

	REGISTRAR		CERT	IFICATE OF	DEATH	REG	i. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	ТН		3. TIME OF DEATH
	FLORENCE	IRENE	SPRIN	GER		JULY	28, 1	QQ2	7:40 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birth		IF UNDER 24 HRS.	7. DATE OF BIRT	Н		IPLACE (State or Foreign
	072-03-0978	1 M 2 7 F	94 Y	RS. MONTHS DAYS	HOURS MIN.	(Month, Day, Ye	ear)	Countr	ny)
	9a. FACILITY NAME (If not institution, give s	44		9b. CITY, TOWN	OR LOCATION OF D	SEPT.		4 PEN	NSYLVANIA
E E			No Hove						
5	RANDOLPH HILL RESIDENCE OF DECEDENT	15 NUKSI	NG HOME	SIL	VER SPR	LNG	1	10NTG	OMERY
DIRECTOR	10a, STATE 10b, COUNTY	Y	100	CITY, TOWN OR LOCA	TION				10d. INSIDE CITY
Q	MARYLAND M	ONTGOMER	Y	ROCKVI	LLE				LIMITS?
FUNERAL	10e. STREET AND NUMBER				H. ZIP CODE		10g. Cl	TIZEN OF V	VHAT COUNTRY?
E	4913 MELINDA	COURT			208	53	110	SA	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED		CENDENT OF HISPA	NIC ORIGIN? (Speci	Ify Yes or No-		E — American Indian, k, White, etc.
BY F	1 Never Married 2 Married	IF YES, GIVE W	YES 2 NO	If yes, s _i	S 2 NO Specif	in, Puerto Rican, et	(C.)	Speci	
	3 Wildowed 4 Divorced				X	,			WHITE
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Given Irln)	NT'S USUAL OCCUPATE d of work done during m	ON ost of working	16b, KIND O	F BUSINESS/IN	DUSTRY	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5		Of use retired.)	out or working				
M P	1.2		CLER	K		UN	IVERSIT	Y.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, M	laiden Sumame)		
8	JOHN E.	ROCHE			ANNA		BURNS		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDRESS (Street	and Number or Rural	Route Number, City o	or Town, State, Z	ip Code)	
-	JOHN C. HOBBES		491:	3 MELINDA	COURT, R	OCKVILLE	E, MD 2	:0853	
	20a. METHOD OF DISPOSITION 1	oval from State		ATE OF DISPOSITION (N			c. LOCATION -		wn, Slata
	4 Donation 5 Other (Specify)			LITAN CREM	IATORY		LEXAND	RTA	V/A
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF FA	CILITY			
	1 M Day 1) (D)	1-9		FRANCI	S J. COL	LINS FUN	VERAL H	OME,	INC. P., MD 20901
	23. PART I. Enter the diseases, or o	omplications tha	t caused the death	not enter the me	de of dulan ave	DLVD.,	W., 51	L. S.	
	anock, or neart failure.	List only one cau	se on each line.	A	or dying, add	n as cardiac or	reapiratory as	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	DONA	Lilia Co	I Pak c	10-1	10			Onset and Death
	reaulting in death)	a. COLO	lis va Sci ion as a consequence hac are	CONT.	viago	AC.			
-	_	Card	ac ar	The Here	ua s				
CERTIFICATION	orderitiany not conditions,	QUE TO	(OR AS A CONSEQUENC	E OFF:	4 1		,	A 4	
¥	If any, leading to immediate cause. Enter UNDERLYING	arlin	OR AS A CONSEQUENCE	ic his	urb d	sea se	- 110	Sid	
프	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEQUENC	E OF): /	1.	40.140	V-C	u	+
F	resulting in death) LAST	MYOCO	OR AS A CONSEQUENCE	in tarc	tion				
2	DATE II On the second				-				
DICAL	PART II Other aignificant condition	a contributing to	death but not reault	ng in the underlyin	g cause given in	Part I. 24a. WA	AS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	comunic 100	्राय था	i centry	dist a	<i>></i>	1 _ YI	ES 2 NO		COMPLETION OF CAUSE OF DEATH?
ME						_			1 YES 2 NO
z									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)			
1S	1 TYES 2 NO		ER/Outpatient 3 DO	OTHER:	ne 5 🗆 Rasidence	8 Other (Specify)		
H	27. MANNER OF DEATH	28a. DATE OF (Month, De		TIME OF 28c. IN.	URY AT	28d. DESCRIBE H	IOW INJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
ED	3 Suicide a Could not be	28e. PLACE Of building.	F INJURY — At home, far etc. (Specify)	rm, street, tectory, offic	4	28f. LOCATION (S	treet and Numbe	r or Rural A	loute Number,
1	4 Homicide determined		otal (opooliy)			City or Town,	State)		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, death oc	curred at the time date	and place, and due	In the course(s) and	1	4-4	
8	one) 2 MEDICAL EXAMINE	R: On the basis of ax	amination and/or investig	ation, in my opinion, o	leath occured at the	time, data and plac	o and due to t	he cause/el	and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIE								
8	Mary J	sti was	MO		29c. LICENSE NUM		29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO		_	Rene Brieft	DIVIG	/ 1	1	100	176
	JOSEPH M. SOLINA				CTITIES	מער מתר		20	1
			R'S SIGNATIEF	RGIA AVE,	SILVEK S	orking,	MD 2090)2	
	31. DATE FILED (Month, Day, Year)	Freha Dav	R'S SIGNATURE						

DIVISION OF VITAL REPORDS, P.O. BOX 68760,

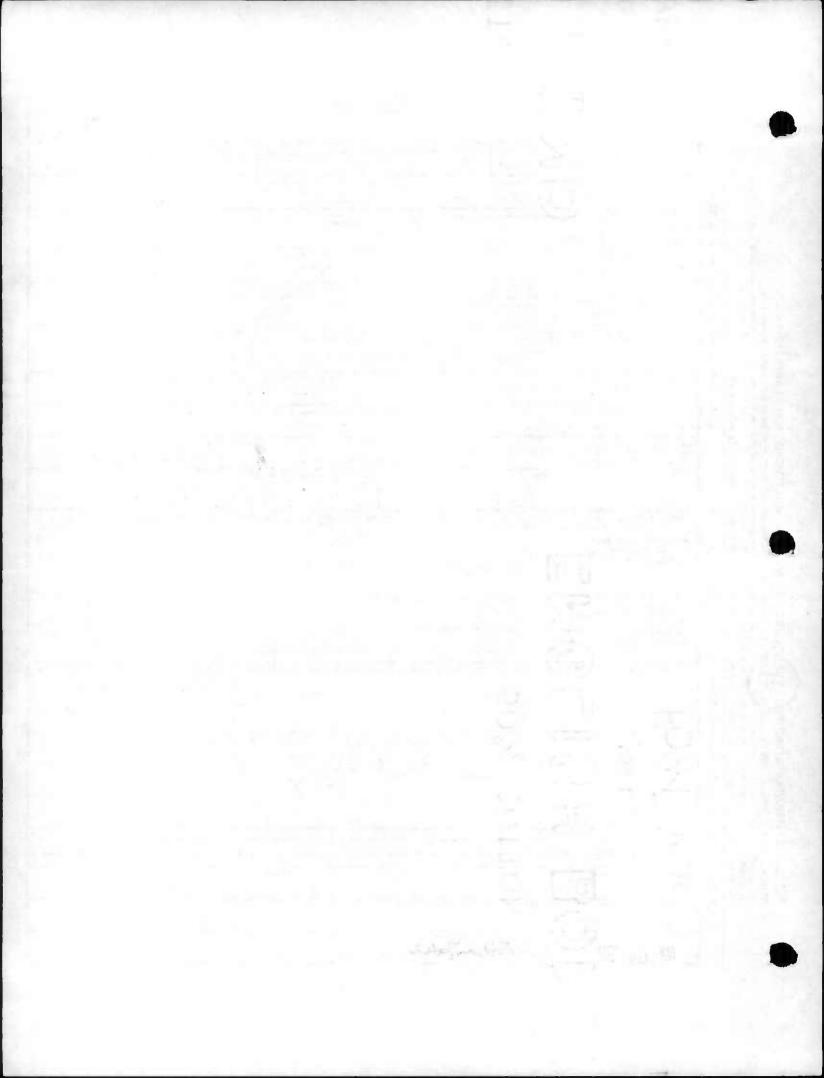
ATTENDING PHYSICIAN: The law requires that the certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	CTOR: After this certificate has been gone and minding physician and completely filled in by the funeral director, page 5 should be detached for use as the hursal transfer narms in page 1.9.3 about	ne State Dept. or mem and Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or liem 23 shows any migra, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAL	NERAL DIRECTOR: After this certif	be filed within 72 hours after death with the	VT: If Item 28 Is marked, or
TO THE HC	TO THE FUNE	be filed wit	IMPORTANT: II

	FOR 1 . STATE	STATE OF !	MARYLAND /	DEPAR	TMENT	OF H	IFALTH	AND I	MENTA	I HYGIEN		56	22681
_	REGISTRAR		CI	ERTIF	ICATE	OF	DEAT	ГН		REG. NO	_		
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
	Thelma L. Smith									8/92	AT .	TEAM	10:00 pm "
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	465-26-1160	1 🗌 M 2 💢 F	78	YRS.	MONTHS	DAYE	HOURS	MIN.	Feb	2, 1	914	Counti	exas
	9a. FACILITY HAME (If not institution, give st	reet and number)			9b. CITY,	TOWN C	OR LOCATION	OH OF DE				HTY OF D	
OR	5702 Sandy Spring	Road			Lau	rel					D-m-		Coomente
DIRECTOR	RESIDENCE OF DECEDENT										FF.	ince	George's
RE	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	HOI						10d. INSIDE CITY LIMITS?
		George'	S	La	urel								1 YES 2 X NO
3AL	10e, STREET AND NUMBER					100	. ZIP CODE	Ē			10g. CIT	ZEN OF Y	VHAT COUHTRY?
FUNERAL	5702 Sandy Spring	Road						207	707	-	Uni	ted	States
2	11. MARITAL STATUS	12. WAS DECEOEN	T EVER IN U.S. AR	MED	13. V	NAS DEC	EHDENT O	F HISPAH	IIC ORIGIN	17 (Specify Yea	or No-		E — American Indian, k, White, alc.
В	1 Never Married 2 Married 3 Widowed 4 X Divorced	IF YES, GIVE Y	AR OR OATES			X YES	2 NO	Specify		Rican, etc.)		Speci	
					1		anis	h				Wt	nite
E	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G	CEDENT'S	vork done d	CUPATIO	N st of workin	g	16b.	KIND OF BUS	HESS/INC	DUSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5)	Do NOT us	,								
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	12		Clerk								rint	ing Office
	Frank Aguirre									Viddle, Maiden	Sumame)		
B	19a, INFORMANT'S NAME (Type/Print)							a Sc					
2	Peter G. Wedderbu	7010								oer, City or Town			
	20a. METHOD OF DISPOSITION	111						, La		, MD 2			
	1 Burial 2 Cremation 3 Remo	wei Irom Stata	20b. PLACE A cometery, cre-	matary or ot	of DISPOSI her place)	TION (Na	me of		OATI			City or To	
	21. SIGNATURE OF FUHERAL SERVICE LIC	FHSEF	5000	urban			D ADDRES		1/-2	9 Silv	er S	prin	g, Maryland
i	Sp. (1/	2		Rat	nn F	LIDAT	al S	ervi	ces, F	Δ		
	Cillen 9	V. /	app		1933	3 Gi	st A	venu	ie, S	ilver	Spri	na.	MD 20910
	23. PART I. Enter the diseasea, or cahock, or heart failure. IIMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one cau	t caused the de se on each lina 27 () () () (OR AS A CONSEC	// _	S						retory an	raat,	Approximate interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUEHCE OF):								
. 11	PART II. Other aignificant conditions	contributing to	death but not re	eaulting is	n tha und	iarivino	cause o	lven in F	Part i	24s. WAS AH	HITOPEV	245	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						, ,				PERFOR	WED?	240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE
입									-	1 TYES 2	SIGNO		OF DEATH?
2									-				1 TYES 2 NO
₹∥	25. WAS CASE REFERRED TO MEDICAL					26 Pt	ACE OF DE	ATM (Cha	ah aah aa				
잃		HOSPITAL:	ED/O-to-sta- 4 0		OTHER	:							
<u>₩</u>	27. MANNER OF GEATH	26a. DATE OF		26b. TIME	T .	ng Home 28c. INJL	5 Tras						
	1 Hatural 5 Pending	(Month, Da		INJU	JRY	WOF	RK7	- 1	Zad. OEŞ	CRIBE HOW IN	JUHY OCC	WRED	
è l	2 Accident Investigation 3 Suicide a Could get be	28s. PLACE OF	INJURY — At hor	ne ferm at	reet lector		2 2		200 1 000	TION (Or	444		
<u>ا</u>	4 Homicide a Could not be	building,	etc. (Specify)			y, omea			City o	TION (Street ar or Town, State)	na Number	or Hunsi H	oute Number,
9	29a. CERTIFIER												
COMPLETE	(Check only one) CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	On the beat of ax	my knowledge, dea aminution and/or in	nth occurred	d at the time, in my opi	ne, data : Inion, de	ath occure	and due t	lme, data	se(e) and mane and place, and	dua lo th	ed. e cause(a)	and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERFOTER	40		_			29c. LICER	NSE HUME	BER	Т	29d. DATE	SIGNED	(Month, Day, Year)
no III		711/11/				- 1	100	-	115			_ / _	A / -
	- Maria	0611)	27	~	2		D	25	45	2 1		7/2	4/92 1
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)		D	15	45	2	/	7/2	9/12
	30. NAME AND ADDRESS OF PERSON WHO		PAS			78		15		2	2	m	9/12



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	REGISTRAR 1. DECEDENT'S NAME (First, Mid	ddle, Lest)						EAT		REG. NO	<i>.</i>		3. TIME OF DEATH
	VINCENT	PAUL	SHYB	LOWSK	I				111	HTHOW	, 190	YEAR	9:15 P.
	4. SOCIAL SECURITY NUMBER		5. SEX		rrs. lest birthday)	IF UNDER	1 YEAR II	F UNDER 2	4 HRS. 7.	DATE OF BIRTH		6. BIRT	HPLACE (State or Foreign
A	220-70-3238		1 XX M 2 □ F	36	YRS.	MONTHS	DAYS H	OURS	MIN.	ec. 26,1	955	Was	shington, D
	9e. FACILITY NAME (If not institu	ition, give stre	et and number)			9b. CITY,	TOWN OR I	LOCATIO	N OF DEATH		9c. COUN		-
R	Hyattsville M	ianor	Nursing	Home		Hya	attsv.	ille	9		Prin	nce	George's
ਨ	RESIDENCE OF DECED	DENT			10c CI	TY, TOWN O	R LOCATION	м					10d, INSIDE CITY
DIRECTOR		Princ	e George	218		eltsvi							LIMITS?
	10e. STREET AND NUMBER	2 2 2 2 1 1 0	c coorge					IP CODE			10g. CITE	ZEN OF	WHAT COUNTRY?
ER	13217 Taney	Drive					20	0705	5		Uni	ite	d States
BY FUNERAL	11. MARITAL STATUS XX Never Merried 2 Mer 3 Widowed 4 Divorced	rried	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES	2 VINO	11		fy Cuben	, Mexican, P	RIGIN? (Specify Vierto Rican, etc.)	ea or No		CE — American Indian, ick, White, atc.
	15. DECEDE (Specify only hig	ENT'S EDUCA		1	8a. DECEDENT'	S USUAL OC	CUPATION	of working	,	16b. KIND OF B	USINESS/IND	USTRY	
9	Flamentary/Secondary (0-12)		3 years	-)	Sales	use retired.)				privat	e		
COMPLET	17. FATHER'S NAME (First, Middle		7 7000			P				_			
BE CO	Vincent L.	Shyb	lowski							Skurat			
2	19e. INFORMANT'S NAME (Type/		-1					Number	or Rural Route	Number, City or To	wn, State, Zip	Code)	
	Vincent L. Sh				LACE AND DA		OSITION (N			DATE 20c. L	OCATION —	City or	Town, State
	1 Buriel 2 Cremation	3 - Remov	ral from State		netary, cremato				7 8/4	/1992 A			a, Virgini
	21. SIGNATURE OF FUNERAL SI		NSEE		CLOPOI.				S OF FACILI		<u> </u>	CL II	a, viigini
		1 1 1	,	() (22.	NAME AND		5	7	-		
	23. PART I. Enter the disershock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)	ases, or co	TOWN	it caused to ise on each	ha daath. Do h lina. ONSEOUENCE	Do 44	onald 400 Po	V. Owde	Borgwer Mil	ardt Fu 1 Rd. B	eltsv:	ille rest,	Approximate interval Bette Onset and I
RTIFICATION	shock, or hear IMMEDIATE CAUSE (Finsi disease or condition	s, b.	DUE TO	OR AS A C	he death. Do h line. ONSEQUENCE ONSEQUENCE	o not enter	onald 400 Po	V. Owde	Borgwer Mil	vardt Fu 1 Rd. B	eltsv:	ille rest,	Approximate interval Bette Onset and E
ICAL CERTIFICATION	shock, or hear IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentisity list condition if smy, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s. is, te d. d.	DUE TO	(OR AS A C	ONSEQUENCE	DC 440 not enter	onald 400 Po the mode	V. owde	Borgwer Mil	rardt Fu. 1 Rd. B cardiec or ree	eltsv: dro An AUTOPSY DRMED?	ille	Approximate interval Betwonest and D
CAL	shock, or hear IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentisity list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant	s. is, te d. d.	DUE TO	(OR AS A C	ONSEQUENCE	DC 440 not enter	onald 400 Po the mode	V. owde	Borgwer Mil	rardt Fu. 1 Rd. B cerdlec or ree	eltsv: dro An AUTOPSY DRMED?	ille	Ab. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU
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MEDICAL	shock, or hear IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentisity list condition if sny, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant	s, b. c. d. conditions	DUE TO DUE TO CONTributing to HOSPITAL:	(OR AS A C	ONSEQUENCE ONSEQUENCE ONSEQUENCE not resulting	OF):	onald 100 Pc the mode	V. Owden of dyin	Borgwer Mil	ardt Fu. 1 Rd. B cardiec or ree	eltsv: dro An AUTOPSY DRMED?	ille	Ab, WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETON OF CAU
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ĺ	Gregory	Hayes	Swanson		July 26, 19
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17. FATHER'S NAME (First, Benjamin J	,	son					18. MOTHER'S N			Surname)		
19e. INFORMANT'S NAME	(Type/Print)			19b. MAILING	ADDRES	S (Street e	nd Number or Rura	Route Numb	er, City or Town	n, State, Zip Co	ode)	
Betty O. S	wanson			9809 1	Hill	Str	eet, Ker	singt	on, M	arylar	nd 20	0895
20a. METHOD OF DISPOSI 1 Buriel 2 Crement 4 Donation 6 Oth	lon 3 🗆 Rem	oval from State	othe	ce of dispo-			metery, cremetory or			CATION - CH		n, State
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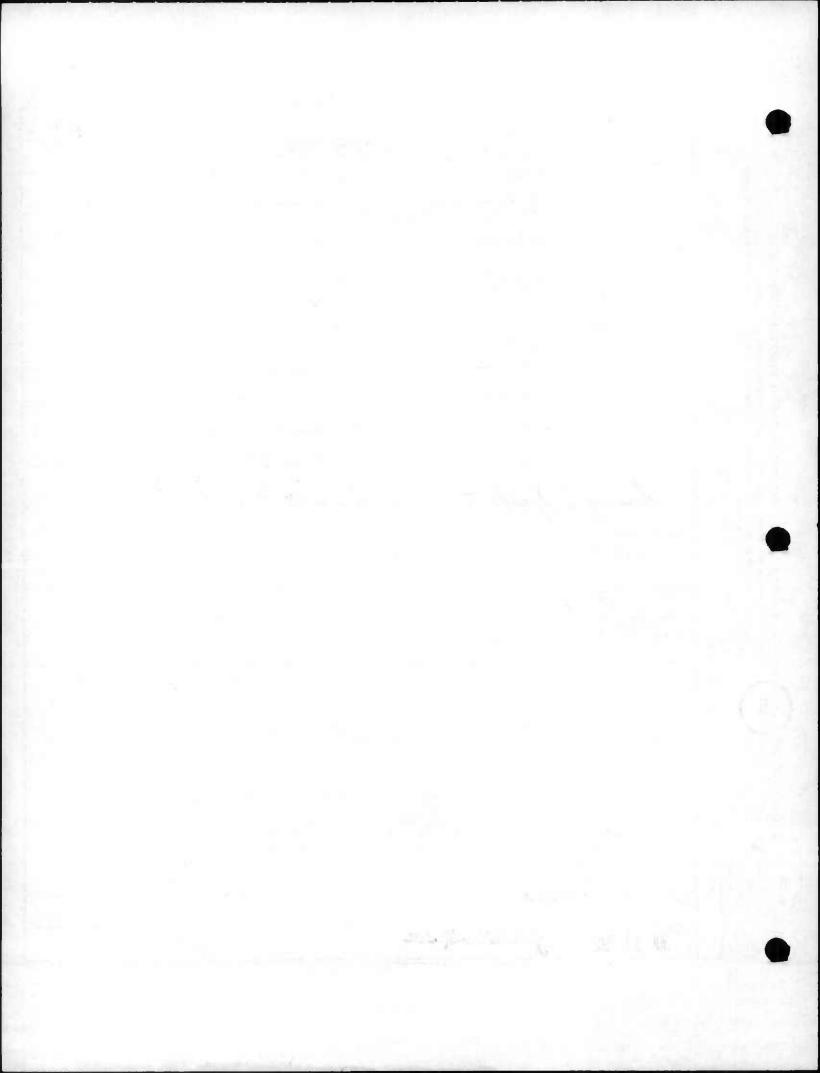
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T. Dibb

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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				es Elaine		azaı					y 29,	1992		3:30 a M
	4. SOCIAL SECURITY NUME 227-22-0095		5. SEX	6. AGE (In yrs. les	YRS.	IF UNDER	DAYS	IF UNDE	MIN.	Jani	OF BIRTH 1. Day. Year) 1ary 15. 19	,	8. BIRTH Countr	"
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No.) end manner ee stated.
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٤	30. NAME AND ADDRESS OF	PERSON W	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)	n	1/	1	1	1	^	1,	MIL
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31. DATE FILED (Month, Day,

32. RECHSTRAN'S SIGNATURE

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signed by I

92 22688 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH YEAR EVERETT ESKER STILLE JULY 1:44 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
NOV . 11, 1 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 X M 2 | F YRS. 64 577-34-3412 WASH. D.C. 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH Se COUNTY OF OFATH 4702 KEMPER ST. ROCKVILLE MONIGOMERY RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. MONTGOMERY ROCKVILLE 1X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4702 KEMPER ST. 20853 U.S.A. 12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 27 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 M Married 1 TES 2 NO Specify: Specify: 3 Widowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) -CLAIMS SUPERVISOR RAILROAD 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) EVERETT SHERMAN STILLE HELEN MARIE ESKER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ELSIE STILLE SAME AS ITEM #10 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE CHAMBERS CREMATORY 7/31 RIVERDALE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SILVER SPRING. MD. M00091 W. W. CHAMBERS CO. INC., 20910 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert fellure. List only one cause on each line Interval Batween IMMEDIATE CAUSE (Final Onset and Death cancer cachexia disease or condition resulting in death) 3 MONTHS DUE TO (OR AS A CONSEQUENCE OF): floor of mouth cancer of 6 1101/1 Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF) PART II. Other significent conditions contributing to deeth but not reculting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 X NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🕅 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 X Natural 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Suicide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER

(Check ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, date end place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER DE 1463 29d. DATE SIGNEO (Morgin, Day, Year) WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SILVER, NW 106 18 VING ST, NW, WASH. 0 = 20010

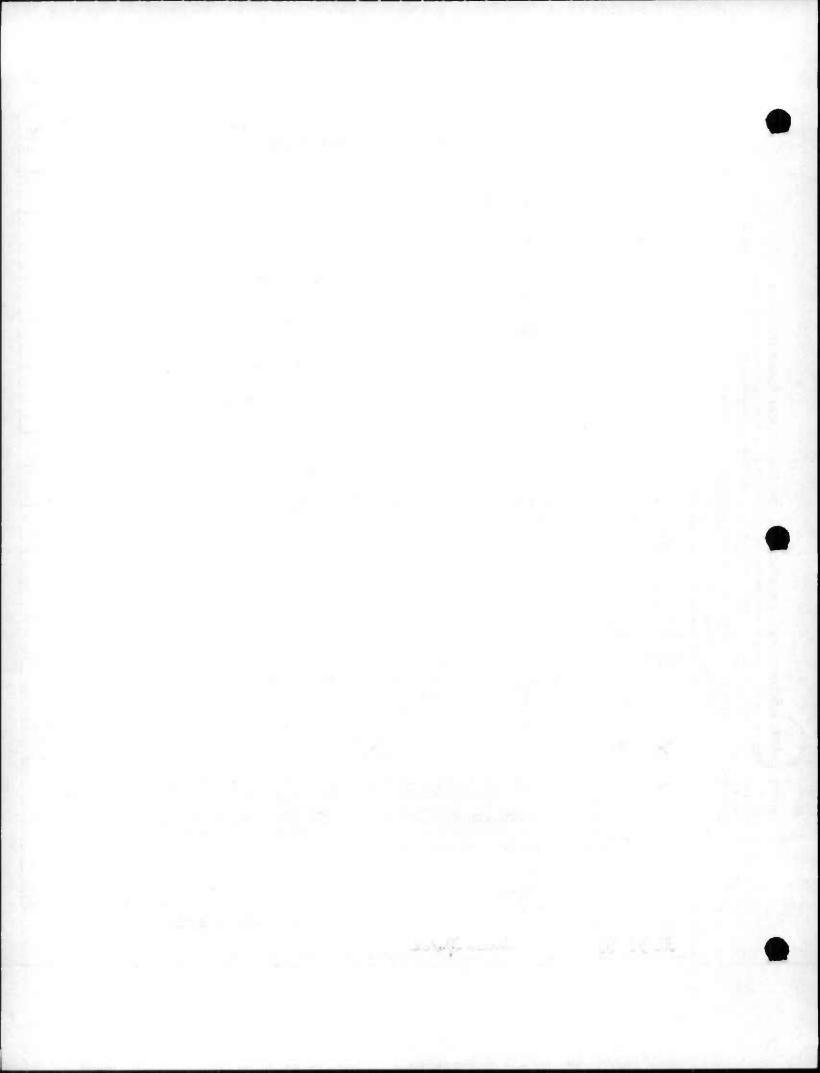
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020	physician.	burial-transit permit.
IMORE, MARTLAND ZIZIS-0020	 h. Page 6 may be retained by the hospital or attending physician 	eral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
MAHY	retained by	should be
MOME,	age 6 may be r	director, page 5
=	P.	eral

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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ay b	bad	8
E 9	ctor,	must
Page	al dire	ner
death.	TO THE FUNEFAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death, with the State Dept. or Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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hour	ed In	E
п 24	ation	#
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	1 - FOR STATE OF MARYLAND / DEPARTM	ENT OF HEALTH AND ME	ENTAL HYGIENE REG. NO.	22009		
	1. DECEDENT'S NAME (First, Middle, Last) Stuart E. Trigger,	Sr.	DATE OF DEATH	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF U	. 72	DATE OF BIRTH	BIRTHPLACE (State or Foreign		
	214-14-2884 1 🖾 M 2 🗆 F 78 YRS. MONT	THE DAYS HOURS MIN.	7-20-1914	Virginia		
B	92. FACILITY NAME (I not institution, give street and number) Wilson Nextle Care and	CITY, TOWN OR LOCATION OF DEATH	7,-1	19 OF DEATH		
5	RESIDENCE OF DECEDENT	7	reen			
DIRECTOR		WN OR LOCATION		10d. INSIDE CITY LIMITS?		
	MD. Frederick Fr	ederick		1 YES 2 X NO		
RA	25-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-	101. ZIP CODE		EN OF WHAT COUNTRY?		
FUNERAL	3322 Roderick Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	21701 13. WAS DECENDENT OF HISPANIC		S . A .		
	1 Never Married 2 Merried FDRCES? 1 X YES 2 NO	If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 ☐ YES 2 ☑ NO Specify: Specify:				
BY	3 K Widowed 4 Divorced WW II	The age in openy.		White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUA (Give kind of work of	16b. KIND OF BUSINESS/INDU	STRY			
길	Elementary/Secondary (0-12) Coffege (1-4 or 5 +)		Fadamal Ca			
N N	/ Carpen:		Federal Go (First, Middle, Maiden Surname)	vernment		
C	Charles Brown Trigger	16. MOTHER'S NAME		Morgan		
00		RESS (Street and Number or Rural Rout				
2		oderick Road, Fr		,		
	206. METHOD OF DISPOSITION 206. PLACEAND DATE OF DIS	SPOSITION (Name of	DATE 20c. LOCATION - C			
	1 M Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) ROC KVIIIe	emetery 8-3	1992 Rockvi	lle, MD.		
-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FACILI	DeVol Funera	1 Home		
	Michael D. Celbons	10 East Deer Pa				
	23. PART I. Entar the diseases, or complications that ceused the death. Do not e shock, or heart failure. List only one ceuse on each line.	nter the mode of dying, such s	s cerdiac or respiratory srre	st, Approximata		
	IMMEDIATE CAUSE (Final			Interval Between Onsat and Death		
		novia				
1_1	DUE TO (DR AS A CONSEQUENCE OF):					
CERTIFICATION	Sequentielly list conditions, If sny, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):					
8	cause. Enter UNDERLYING CAUSE (Disease or Injury					
틸	that initiated events resulting in death) LAST					
馬	d.					
AL C	PART II. Other significant conditions contributing to death but not resulting in the	underlying ceuse given in Par	rt I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
(()	Biloteral Subdural		PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC	and Cerebral Contresi	, ·		OF DEATH?		
Z						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER HOSPITAL:	26. PLACE DF DEATH (Check	only one)			
14S	1 Inpatient 2 ER/Outpatient 3 DOA	Nursing Home 5 - Residence 6				
	1 Ngtural 5 Pending (Month, Day, Year) INJURY	WORK?	d. DESCRIBE HOW INJURY OCCU	PRED T		
ВУ	2 Caccident investigation 28e. PLACE OF INJURY — At home, farm, street.		Nr. LOCATION (Street and Number of	Rural Route Mumbe		
ETED	4 Homicide S Could not be determined S Society S S S S S S S S S	ly arove	City or Town, Stete)	2 NO.		
7.	29a. CERTIFIER (Check only Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at	the time data and place and due to t	the country and money to delive	7		
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in					
ECC	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER		SIGNED (Month, Day, Year)		
100	Dolo Carolin	D085	546 PT	7-30-95.		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		12	Heros M		
	Obhu Tauber 8	218 W181	con sin	AUR		
	31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE					



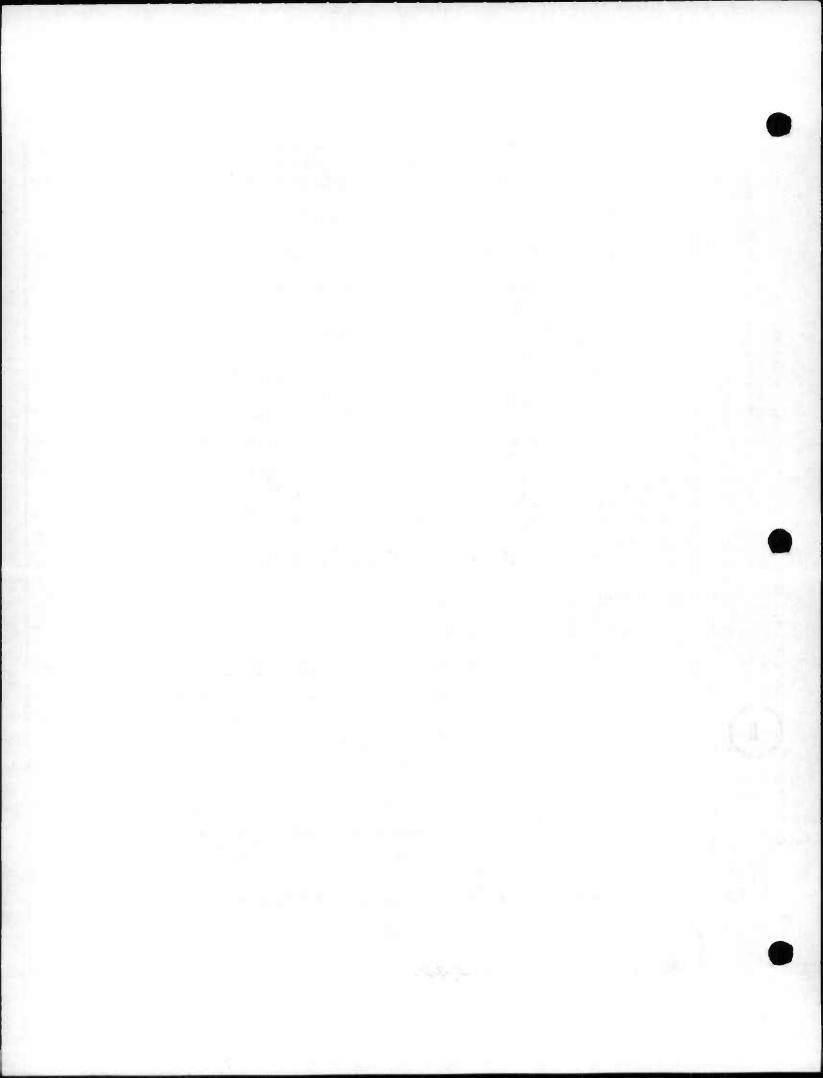
es that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Soned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Reath and Mental Hygiene prior to burial, cremation, or removal. we any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAL TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the Sate IMPORTANT: It Item 28 is marked, or ite

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAN	ID / DEPAR CERTIF					MEN1	TAL HYGIE REG. N		J (- 22091
	1. DECEDENT'S NAME (First, Middle, Last)								2. D/	TE OF DEATH			3. TIME OF DEATH
	JOSEPHINE	L. TAI	NTARDI	NI					JU	LY 25	, 199	YEAR	12:30 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER 1		-	R 24 HRS.	7. DA	TE OF BIRTH	, 1,,	8. BIRT	HPLACE (State or Foreign
	027-16-6753	1 🗆 M 2 💢 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.		V. 1,	1923	COUN	NNECTICUT
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY,	TOWN C	OR LOCAT	ION OF DE					
OR		ANE			S	ILV	ER S	PRIN	G	MONTO			COMEDV
ַ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		I a au						MONTGOME			GOFIERT
DIRECTOR		ONTGOMER	Υ	10c. CIT	SILVER SPRING								10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE				10g. CITIZEN OF			WHAT COUNTRY?	
單	1717 FLORA LANE				20910				10	LO USA			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U. 1 Never Marriad 2 Marriad FORCES? 1 YES 2							IIC ORI	GIN? (Specify Y		14. RAC	E — American Indian,	
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V			1	Yes, spe	2 NO	Specify	n, Puer C	to Rican, etc.)		Spec	k, White, etc.
ED B					1		Λ			_			WHITE
ETE	(Specify only highest grade completed)			IGE. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				3	16b. KIND OF B	JSINESS/IN	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5	'		se retired.)					33 THE 4 TO			
COMPL	17. FATHER'S NAME (First, Middle, Last)			CLERK						RETAIL			
										t, Middle, Meide			
BE	BBBIOKIE							JSEPF			OSSI		
임	MARTHA A. McCASH	r								umber, City or To			
	20a. METHOD OF DISPOSITION		P. 1		BITTERNUT DRIVE, ALEXANDRIA, VA 22310 OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State								
					of DISPOSIT	TION (Na	me of						
	21. SIGNATURE OF FUNERAL SERVICE USERSEE 22. NAME AND ADDRESS OF FACILITY												
	+58m135e	Inl			FRA	NCI	S J.	COL	LIN	S FUNE	RAL I	HOME,	INC. SP., MD 2090
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate												
	enock, or neart failure. Liet only one ceuse on aech lina.								intarval Batween Onset and Dasth				
						Les rup horm a							lle was
	disease or condition								TO THUS.				
Z													
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate	DUE TO	(OR AS A CO	NSEQUENCE OF	F):								
2	CAUSE (Disease or Injury												
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CO	NSEQUENCE OF	F):								
5		l											
4	PART ii. Other significant conditions	contributing to	death but n	not resulting i	n the und	erlying	cause	given in i	Part I.	24e, WAS A	AUTOPSY	7 24h	WERE AUTOPSY FINDINGS
MEDICA							333000			PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_	1 TYES	NO		OF DEATH?
								-	_				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF D	FATU (OL-	-11.				
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	ED.O		OTHER:			EATH (Che					
¥	27. MANNER OF DEATH	1 Inpatient 2 I		28b. TIM		8c. INJL		eldence (her (Specify)			
	1 Netural 5 Pending	(Month, De	ly; Year)		URY	WOF	RK?	١	286. D	ESCRIBE HOW	INJURY OC	CUREO	
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY A	At home, farm, a			ES 2	JNO	201.16	20171011 /01			
	4 Homicide 6 Could not be	building,	etc. (Specify)	te nome, term, e	ireet, rector	у, описа			281. L.C	OCATION (Street ty or Town, State	and Number	or Rural F	Route Number,
9	29e. CERTIFIER												
COMPLET	(Check only 1 CERTIFYING PHYSIC	AN: To the best of	my knowledge	n, death occurre	d at the tim	e, date	end place	end due t	to the c	sause(e) and ma	nner se sta	ted.	
8	2 MEOICAL EXAMINES		minerion and	wor investigation	n, in my opi	nion, de	eth occur	ed at the t	lme, de	ite end place, e	nd due to th	ne ceuse(e) and manner as atated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	M/	2				1	NSE NUM		-	29d, DAT	-1.	(Month, Day, Year)
2	20 NAME AND DOCTOR OF THE BY	171	tan				1)	127	75	5	,	1/29	8 92
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF OEATH	(ITEM 27) (Type,	Print)								

5454 WISC. AVENUE, #1345, CHEVY CHASE, MD 20815

32. REGISTRAR'S SIGNATURE

FREDERICK G. BARR, M.D.



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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been something the manner of completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should be filled within 72 hours after death with the State Debt, or hearth and the purial cremation, or removal.	em 28 is marked, or item 23 shows any labors or other traumatic event, the medical examinar must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this to the fled within 72 hours after death with	IMPORTANT: If Item 28 is marked,

	1 - FOR STATE REGISTRAR	STATE OF MARY				HEAUTH A		AL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest GEORGE L.	THORNE						TE OF DEATH	1992	YEAR .	2:46 a.m.	
8	4. SOCIAL SECURITY NUMBER 215-14-7087 90. FACILITY NAME (If not institution, give THE JOHNS HOPKI	1 M 2 F	(In yrs. last b	YRS. MO		OR LOCATION	Ja of DEATH				ryland	
OT	RESIDENCE OF DECEDENT								ORE CITY			
DIRECTOR	10e. STATE 10b. COUN Maryland Mont	gomery			WN OR LOC	_				Od. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	90		101. ZIP CODE						IAT COUNTRY?		
FUNERAL		Branch Wa		pt #14 20855					S.A	•		
B∀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ried 2 Married FORCES? 12 YES 2							in, Puerto Rican, atc.) Ble			
TED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECE (G/ve	DENT'S USU	JAL OCCUPA done during	TION nost of working	1	66. KIND OF BU				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		s Dr:		(Ret)		27.				
OM	17. FATHER'S NAME (First, Middle, Last)		I Du.	5 DI.			'S NAME (Firs	t, Middle, Malden	one Sumama)	_		
BE C	Daniel E.	Thorne				Ev		ward	,			
0	19a. INFORMANT'S NAME (Type/Print)	(Friend)				and Number or	Rural Route No	imber, City or Tow				
	Mrs Carol Burg						anch	Way, I	Derwo	od	,Md	
	& Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Bushy Park Cemetery 7/31 Cookesville, Md											
	22. NAME AND ADDRESS OF FACILITY Snowden Funeral Home P.A, 20850 Rockville, Md									0850		
	23. PART I. Enter the disease, of shock, or Heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	Asystol	ic A	rres	anter tha n	ode of dying	, such as co	erdiac or reepi	ratory arrea	it,	Approximata interval Between Onset and Death 5 min	
RTIFICATION	Sequentially list conditions, if sny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										2 days	
AL CE	d.								A	VERE AUTOPSY FINDINGS		
MEDIC				200				1 X YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tpatient 3 🗆		HER:	PLACE OF DEAT						
B∀	27, MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY Inding adding ad					0	ESCRIBE HOW II				
ETED	3 Suicide 6 Could not be 4 Homicide detarmined	building, atc. (Sp.	ecify)	, cerm, atree	, term, street, factory, office 28t				281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			
COMPLET		SICIAN: To the best of my kno IER: On the besis of examinati									and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIC	on MD				JOC LICENS	NUMBER 100		29d. DATE S	IGNED (A	forth, Day, Year)	

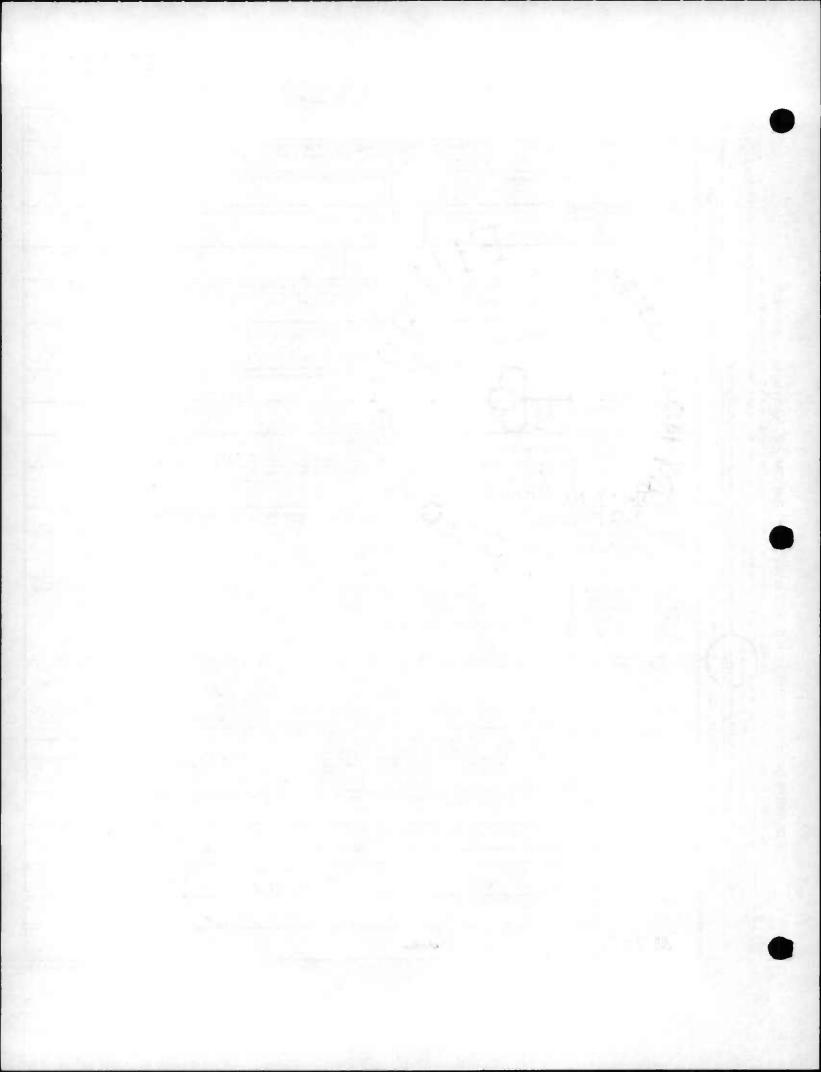
I WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)

GOON. WOTE

182, REGISTRAR'S SIGNATURE

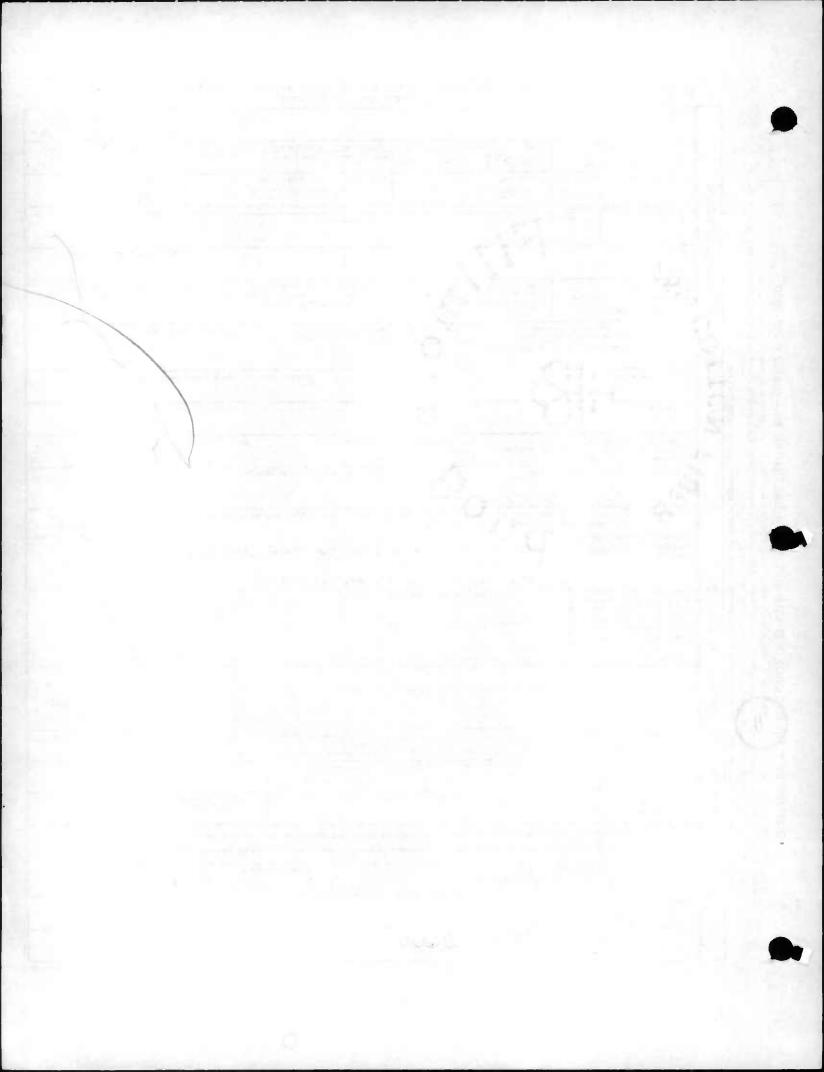
THE JUNE DUNGLES OF DEATH (ITEM 27) (Typa, Print)

31. DATE FILED (Month, Day, Year)



TO THE HOSPITAL OF ATTENDING PROSIDIAL THE LANGUAGE that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	O first Further. Unknown to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont
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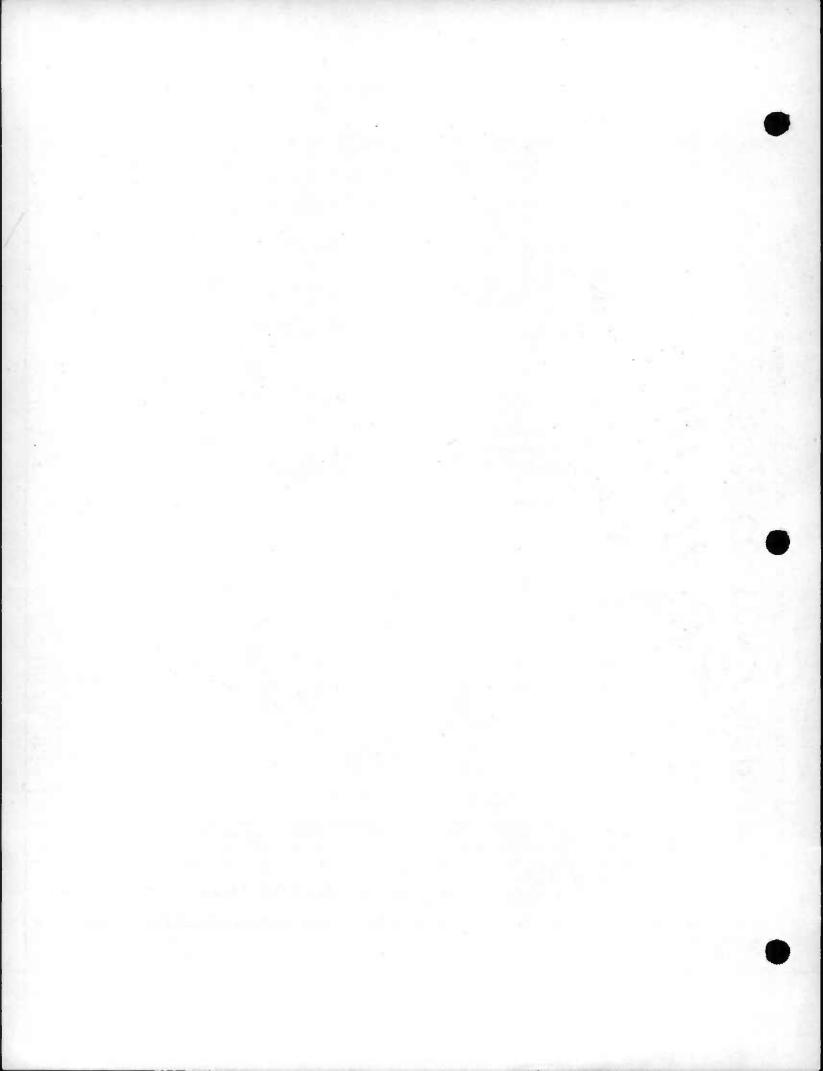
	1 - STATE REGISTRAR	STATE OF M	С	ERTIFICA	ALE OF D	EAIH		REG. N	0.			
	1. DECEDENT'S NAME (First, Middle, Last) ELLEN	G. I	PUPMER				2. DATE MONT	OF DEATH	28.	SYEAR	3. TIME OF DEATH	
	219-36-9102 1	SEX	6. AGE (In yrs. Is	99090		UNDER 24 HRS.	7. DATE (Monto 5-1	of BIRTH 1. Day, Year) 1-39		8. BIRTNI Country	PLACE (State or Foreign WASH., D.	
TOR	9a. FACILITY NAME (If not institution, give stree UNION MEMORIAL RESIDENCE OF DECEDENT		L	9b.	BALTIN	OCATION OF I				N/F		
DIRECTOR	10a, STATE 10b, COUNTY	106. COUNTY HOWARD 106. CITY, TOWN OR LOCATION COLUMBIA									10d. INSIDE CITY LIMITS? 14 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 5339 COLUMBIA RD.			109. CITIZEN OF V USA								
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES			2 NO If yes, specify Cuban, Mexican, Puer			can, Puerto	RIGIN? (Specify Yea or No— 14 erto Rican, atc.)			Black, White, etc. Specify: WHITE	
COMPLETED	(Specify only highest grade completed) (Give iiii) Elementary/Secondary (0-12) College (1-4 or 5+)				'S USUAL OCCUPATION of work done during most of working use retind.) L TECHNICIAN				CROSS	USTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) FRANCIS J. LUCAS 18. MOTNER'S NAME (FIRST MIDDLE) ELENORA L								on Surname)			
10	190. INFORMANT'S NAME (Type/Print) MARY LUCAS	NAPOL	IS, N	own, State, Zip	Code) 401							
4	20s. METHOD OF DISPOSITION 1						8-1-9					
	21. SIGNATURE OF FUNERAL SERVINE LICEN	2/			22. NAME AND A			777 47	****			
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BALTIMORE, MARYLAND 21203-3146

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

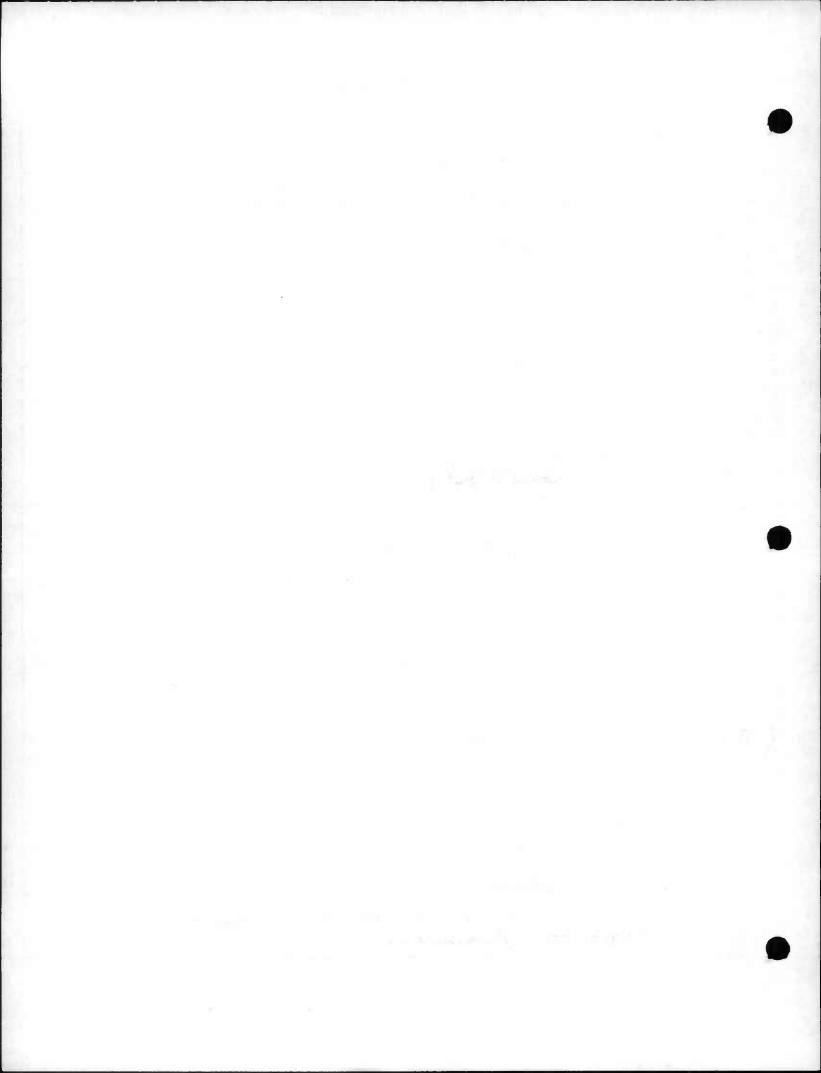
REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO				
1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	AY YEAR	3. TIME OF DEATH		
George Wa	ashington N	latthew	Tracy		** 8/5/92	TEAN	8:20 p		
	5. SEX 6. AGE (In	140	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/17/94	8. BIRT Coun	HPLACE (State or Foreign try) yland		
9a. FACILITY NAME (If not institution, give street and number) Colton Villa Nursing Center Hagerstown Washington RESIDENCE OF DECEDENT									
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100. STREET AND NUMBER 1011 Main Ave.				21740		10g. CITIZEN OF	WHAT COUNTRY?		
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Severe Cr	contributing to deeth bu				Part I. 24s. WAS AI PERFO	RMED	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C/	neck only one)				
1 Tes 2 No	HOSPITAL:		THER:	ne 5 🗆 Rasidence	6 Other (Specify)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c, IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED			
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, stre	et, factory, offic		26f. LOCATION (Street City or Town, State		Route Number,		
(Olivery Olivery	IAN: To the best of my knowle						(s) and menner as stated.		
29b. SIGNATURE AND TITLE OF CENTERS	P			29c. LICENSE NU	MBER		ED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P	rint)	1806	in Ilan	1.0010	Md 217		
31. DATE FILEO (Morth, Day, Year)	32. REGISTRAR'S SIGNA	TURE	evel	and HV	e itage	rspun	Md 217		



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSTAMM: The Instrument that the detail certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this perfection and the personne physician and completely filled in by the funeral director, page 5 should be detach to find within 72 hours after death with the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect of the perfect	IMPORTANT: If Item 28 is marked, when 20 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHISH	TO THE FUNERAL DIRECTOR: After this the filed within 72 hours after death with	IMPORTANT: If Item 28 Is marked,

	1 - FOR STATE REGISTRAR	OF MARYLAND / DEPARTM CERTIFIC	ENT OF HEALTH AND ME ATE OF DEATH	NTAL HYGIENE REG. NO.	c 22034
	1. DECEDENT'S NAME (First, Middle, Last)			DATE OF OEATH MONTH DAY	YEAR 3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birthday) #	UNDER 1 YEAR IF UNDER 24 HRS. 7.	08 06	92 2003 H
	98. FACILITY NAME (If not institution, give street and num	S3 YRS. MOI	THE DAYS HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 9-13-08	BIRTHPLACE (State or Foreign Country)
DIRECTOR	Frederick Memory	CITY, TOWN OR LOCATION OF DEATH	ufand Fr	rederick	
IRE	Maryland Washing		OXVILLE		10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	ton I idic	101. ZIP CODE	10g, CITI	1 YES 2 NO
FUNERAL	1346 Weaverton Rd.		21758		S. A.
ΒY	1 News Married 2 Married FORCES	CEDENT EVER IN U.S. ARMED 17 1 YES 2 7 NO GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC (If yes, specify Cuben, Maxican, P 1 YES 2 YO Specify:		14. RACE — American Indian, Black, White, etc. Specify: White
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. OECEDENT'S USL	done during most of working	16b. KINO OF BUSINESS/INC	DUSTRY
COMPLETED	Elementary/Secondary (0-12) College (1-		tired.)	Farming	
BE CO	17. FATHER'S NAME (Flist, Middle, Lest) Thomas Tritapoe		18. MOTHER'S NAME Hattie	(First, Middle, Meiden Sumame) Belle Snyder	
10 8	19. INFORMANT'S NAME (Type/Print) Fannie A. Tritapoe	196. MAILING AOI 1346 V	PRESS (Street and Number or Rural Rout Veaverton RD. Ki	noxville, Md.	21758
	20e. METHOD OF OISPOSITION 10 Burlal 2 Cremation 3 Removal from St 4 Donation 8 Other (Specify)	20b. PLACE AND DATE OF D cametery, crematory or other Provincy 1 1 1	place)	OATE 20c. LOCATION —	City or Town, State Ville, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	12 hall	22. NAME AND ADDRESS OF FACILI		National Pike
	John H. Bast Jr,	10 south	BAST FUNERAL	HOME, Boonsbor	o, Md. 21713
		TO OR AS A CONSCOUENCE OF):		s cardiac or respiratory arr	Approximate Interval Between Onset and Death
CERTIFICATION	Cause Enter UNDERLYING	UE TO (OR AS A CONSEQUENCE OF): WPHYSLWS UE TO (OR AS A CONSEQUENCE OF):	mernorax		40
PHYSICIAN: MEDICAL C	Previous CVA	ing to deeth but not resulting in t	ne underlying ceuse given in Par	1 I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF OEATH (Check of	only one)	
YSIC	EXAMINER? 1 YES 2 NO 1 Inpute		THER: Nursing Home 5 - Residence 8	Other (Specify)	
ву РН	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	ATE OF INJURY 28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	d. DESCRIBE HOW INJURY OCC	CURED
	3 Suicide 8 Could not be 4 Homicide detarmined	ACE OF INJURY — At home, ferm, stree illding, etc. (Specify)	t, factory, office 28	1. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
COMPLETED		best of my knowledge, daeth occurred st			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Kathulm & Stem	M	29c. LICENSE NUMBER	73 P 8	E SIGNEO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETE KATHLEEN W STERN			NSWICK MO	21716
	31. DATE FILEO (MONTH, Day, Ybar) 1992 AUG 0 7 1992	HD, 610 NII SHTRAR'S SIGNATURE Touris Sandern Russel			



detached for use as the burial-transit permit, Pages 1, 2, 3 should hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 atending physician and completely filled in by the funeral director, page 5 should Mental Hygiene prior to burial, cremation, or removal. executed within certificate be

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3 Suicide

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DIVISION OF VITAL PECORDS, P.O. BOX	OR /	DIRE	hours	Item
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Investment in death certificate be	FUNE	be filed within 72 hours after death with the State Dept. December and Mental Hygiene prior to	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traur
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR Fred Eugene TROVINGER 2140 August 6, 1992 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 220-05-6092 1X M 2 F 73 YRS. April 1, 1919 Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1049 Security Road DIRECTOR Hagerstown Washington RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Washington Hagerstown 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1049 Security Road 21740 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puerto Ricen, etc.)

1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 Married BY IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced W.W.I white COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) molder Pangborn Corporation 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Lester Benton Trovinger 8 Elsie Wallech 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Hilda M. Trovinger 1049 Security Rd., Hagerstown, Maryland 21740 20a. METHOD OF DISPOSITION

\$\times \text{\text{\$\Omega}} \text{ Burtal } 2 \quad \text{ Cremation } 3 \quad \text{ Removal from State} 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Rest Haven Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 8-8 Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 23. PART I. Enter the diseases, or complications that caused tha deeth. Do not enter tha mode of dying, such as cerdiac or respiratory errest, shock, or heart feliure. List only one cause on asch line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition Cardiac arrest muncto resulting in death) OUE TO (OR AS A CONSEQUENCE OF): consequence of: provincelluration plant divence CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 TO NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO OTHER:
4 □ Nursing Home 5 ■ Residence 8 □ Other (Specify) Inpetient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO

4 Homicide	datermined			
000) -			at the time, date and place, end due to the cause(in my opinion, death occured at the time, data and	a) and manner as stated. d placs, and dua to the cause(a) and manner as stated
29b. SIGNATURE AND		(m)	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) H.R. Mitch

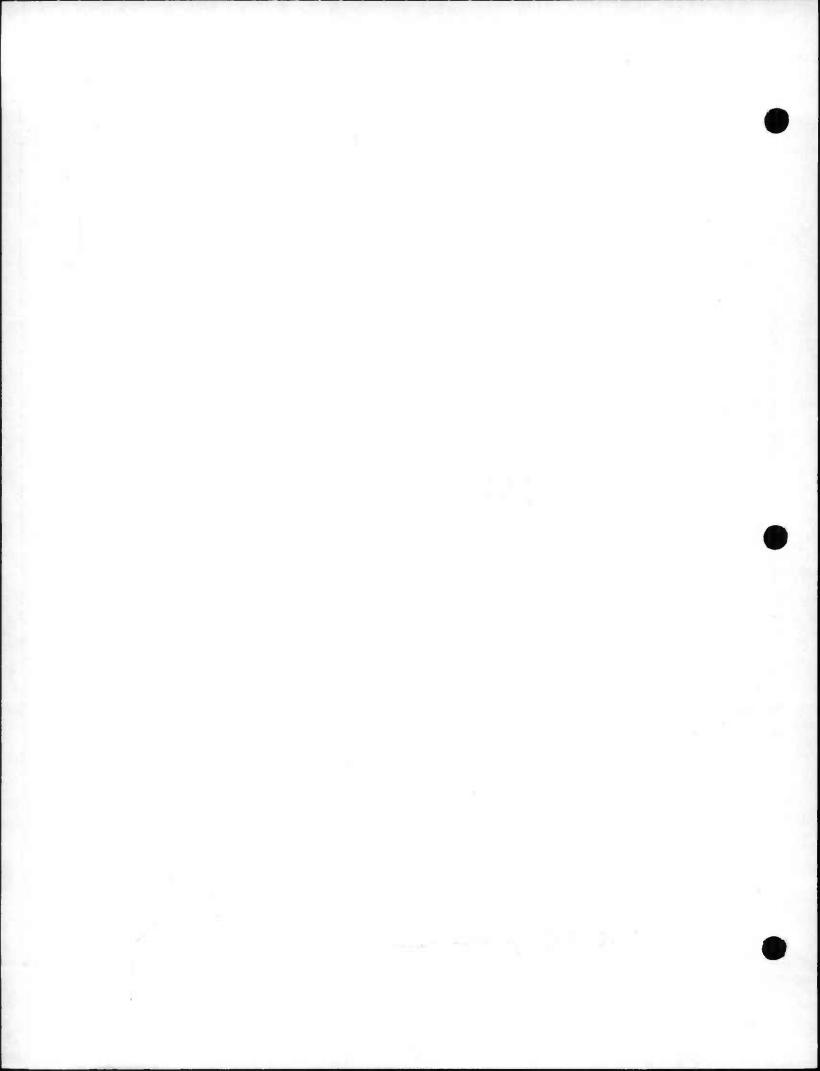
348 mill HAGERSTOWN Md. 21740 57

8 Could not be

32. REGISTRAR'S SIGNATURE ali Dandson-Rudall

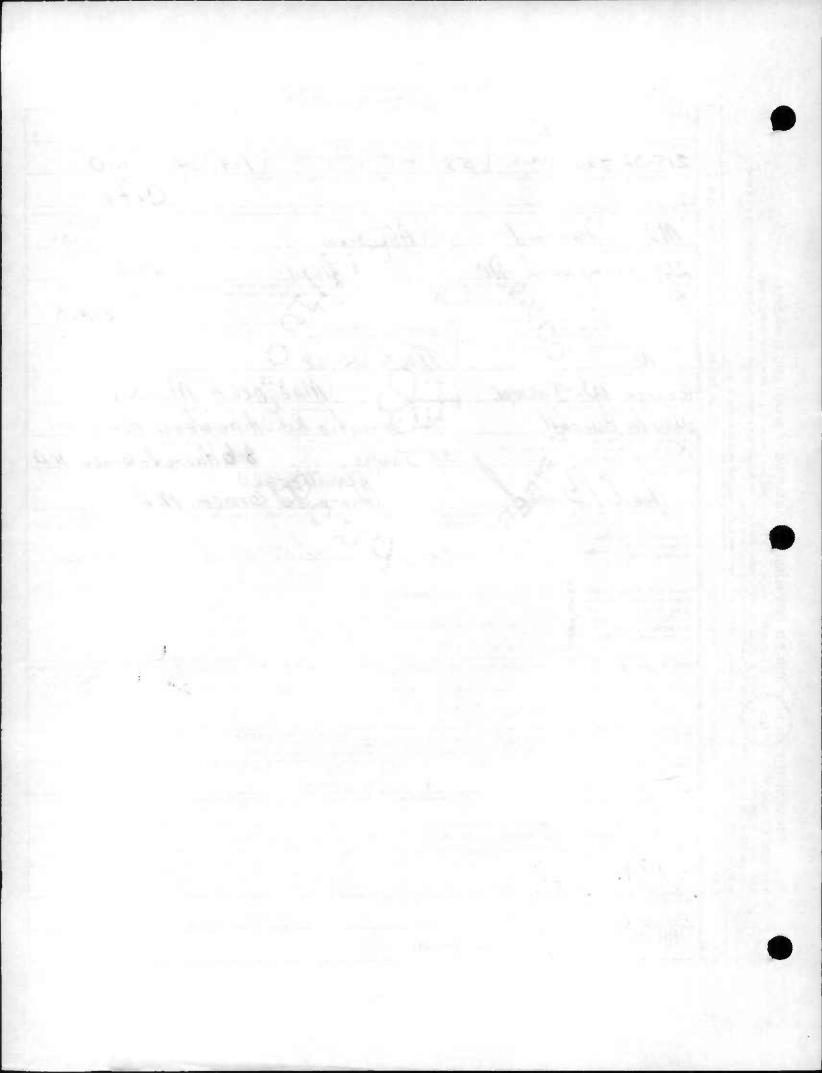
28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

28t. LOCATION (Street and Number or Rural Route Number, City or Town State)



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Property that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certifican has been served by the unending physician and computerly filled in by	be filed within 72 hours after death with the Start and Jensey and Menta Hygem prior to burnel, cremation, or remo
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1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, I	Airirdia (ant)		<u>C</u>							
GEORGE	E			п	URNER		2. DAT MON	E OF DEATH	1992	3. TIME OF DEAT 6:25
4. SOCIAL SECURITY NUMBER	R 5. SEX		6. AGE (In yrs. la		F UNDER 1 YEAR	IF UNDER 24 HF	-	OF BIRTH		BIRTHPLACE (State or Fo
215-32-43	30 1改	2 🗆 F	58	YRS.	ONTHS DAYS	HOURS MI	(Mg	th, Day, Year)	1 "	NO D
Sa. FACILITY NAME (If not inst	itution, give street and r	number)		9	b. CITY, TOWN C	R LOCATION O	DEATH		9c. COUNTY	OF DEATH
MARYLAND GEN		PITAL			BAL	FIMORE			Cu	tr
RESIDENCE OF DECE	IOB. COUNTY			10c CITY 1	TOWN OR LOCAT	ON				
10a. STATE	HADFOR	/		11	/	1				10d. INSIDE CITY
	mill bi	/ -		17104	101	ZIP CODE			10a. CITIZEN	1 ☐ YES 2 🔼
201 Perr	wood	DI	9		12	1001		- 1	1/5	14
104. STREET AND NUMBER 20/ Perr 11. MARITAL STATUS	500	DECEDENT	EVER IN U.S. A	RMED				IN? (Specify Yes		RACE — American India
1 Never Married 2 N	JF Y	ES, GIVE W	AR OR DATES	NO	1 TYES	2 NO S	dcan, Puerto eclly:	Rican, etc.)		Black, White, atc. Specify: 27
			Division of		1	/\				BIACK
(Specify only i	DENT'S EDUCATION highest grade completed			ECEDENT'S US Give kind of world b. Do_NOT use n	UAL OCCUPATION done during mos	ON st of working	10	b. KIND OF BUSI	NESS/INDUST	ĦY
1	2) College	• (1-4 or 5+)	7	Touch	Doil	IPD				
17. FATHER'S NAME (First, Mid	dle, Lest)			RUCK	UNIC	18. MOTHER'S	NAME (First	Middle, Malden S	umame!	
1 Ocomer U	1	Nel				MAP	GAP	x //	Mine	22 4
19a, INFORMANT'S NAME (Top			19	9b. MAILING AD	DRESS (Street 9	nd Number or Ru	raj Route Nui	nger, City or Towa.	State, Zip Coo	(6)
Wander Bu	vrell		_ 7	125p	esut.	& Ra	A	bado	en i	mD2100
20a METHOD OF DISPOSITIO	N 3 Removed from	State			DISPOSITION (Na	me of	DA.	TE 20c, LOC	TION - City	or Town, State
Donation 5 Other (S	(pecify)		3.9	On a sther	nes nes		8-	6 Havi	rede	Grace 1
21. SIGNATURE OF FUNERAL	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY									
ALMOID BEHED										
23. PART I. Enter the disshock, or her IMMEDIATE CAUSE (Fina disease or condition resulting in death)	irt fellure. List only	Me.	Coused the de	brote	Haur	e de	ARD	1	MI litery arrest,	Approxima interval Be Onset and
IMMEDIATE CAUSE (Fina disease or condition resulting in death)	a	DUE TO (con each line	EQUENCE OF):	Haur	e de	ARD	1	\mathcal{O}	interval Be Onset and
IMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentielly list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a	DUE TO (c	OR AS A CONSE	EQUENCE OF):	Havrenter the mod	de of dying,	GY GY JUCA as ca	1	J) L	interval Be Onset and
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IMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentielly list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a	DUE TO (c	OR AS A CONSE	EQUENCE OF): COUENCE OF): resulting in (enter the modern the underlying	de of dying, and a control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	In Part I.	24a. WAS AN AN PERFORM 1 UYES 2	J) L	24b. WERE AUTOPSY FINAMALABLE PRIOR I COMPLETION OF COF DEATH?
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seminate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	open by a summing physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should	time prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injustion of other traumatic event, the medical examiner must be notified at once.
e de	terminating physician and completely filled in by the funeral directs	and Menta Project prior to burial, cremation, or removal.	they or other traumatic event, the medical examiner mu
TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law mounted that the	TO THE FUNERAL DIRECTOR: After this certificate has been somed by	be filed within 72 hours after death with the State Dept. or Heart and	PORTANT: If Item 28 is marked, or Item 23 shows any to

DIRECTOR

FUNERAL

BY

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CERTIFICATION

92 22697 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH TOhN. 1 CAre 105 92 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 1 12 M 2 | F 68 DAYS 104-18-7116 18 New Jersey 9a. FACILITY NAME (If not institution, give street and no 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Holy Cross Hospi Montgomer Spr: No Silver RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Silver MARYLAND 1 YES 2 NO 100. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 316 FPNW: 1410 #411 209 CK United States WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 7 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or 14. RACE — American Indian, Black, White, etc. If yes, specify Cubs ban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced WWII, Korea **Black** 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 5+ Corporation Counsel City Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Arthur Teare Freda Hamilton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Cheryl Teare Reed 1220 Floral St. N.W., Washington, D.C. 20012 20a, METHOD OF DISPOSITION
1 DiBurlet 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Fairmont Cemetery 4 Donation 5 Other (Specify) 7/23/92 East Orange, New Jersey 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McGuire Funeral Service, Inc. we 0 7400 Georgia Ave. N.W., Washington, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition PHELMONIA WITH RESPIRATORY FAILURE SPIRATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF) PRIOR CVA AND DECREASED MENTAL STATUS
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury ATHERO SCLEROTIC VASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST DIABETES MELLITUS PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24a. WAS AN AUTOPSY

MEDI					1 🗆 YES 2	D-NO	OF DEATH?			
						- 1	1 YES 2 NO			
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 VNO	HOSPITAL: 1 Minpatient 2 ER/Outpatient	3 DOA 4 Num	26. PLACE OF DEATH (Check only one) ER: uraing Home 5 ☐ Residence 6 ☐ Other (Specify)						
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28s. DATE OF INJURY 28b. TIME OF 28c. IN		28d. DESCRIBE HOW INJURY OCCURED					
TED	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — At building, etc. (Specify)	28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)			nd Number or Ru	rel Route Number,			
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE	296. SIGNATURE AND TULE OF CENTIFIER	L. tak-				NED (Month, Day, Year)				
	Willie R. Whitaker 14718 Valiant Terrace, Burtonsville, MD 20866									
	JUL 30 '92	32. REGISTRAR'S SIGNATURE								
							DHMH-16 Rev 1/89			

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cuted within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

68760,

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificant was seen second by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State found of the foundation or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The second certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certifican has been seemed byte attending physician and completely be filed within 72 hours after death with the State than of the burner and Angleine prior to burlat, crematic	IMPORTANT: If Item 28 is marked, or Item 23 shows any Mury, or other traumatic event, the medical examiner must be notified at once.

Henry

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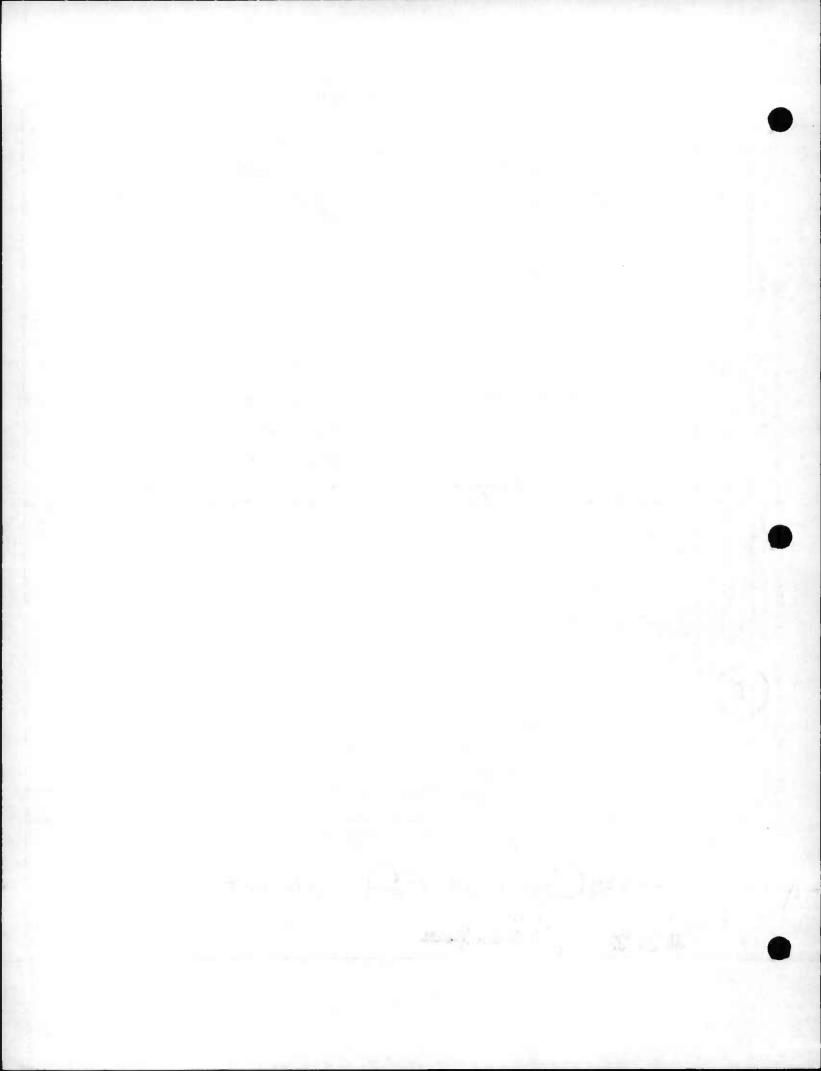
Scruggs,

M.D.,

Sura Daydon Market

	FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPART	MENT	OF H	EALTH AND	MENTA	L HYGIEN	IE	56	22698
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	AY		3. TIME OF DEATH
	Helen	Van	Allen						7 27,		YEAR	3:30 A M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. less	777	IF UNDER	-	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
	213-48-6440	1 □ M 2 💯 F	86	YRS.	MONTHS	DAYS	HOURS MIN.		h, Day, Year) e 26,1	906	Was	hington, DC
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN O	R LOCATION OF D		0 20/1		NTY OF D	
DIRECTOR	Wilson Health Ca	re Center				Ga	ithersb	urg		M	lontg	omery
Ä	10a. STATE 10b. COUNTY			10c. CITY,	TOWN O	R LOCATI	ON		-			10d. INSIDE CITY
ā	Maryland Me	ontgomery			Ga	ithe	ersburg					LIMITS?
4	10e. STREET AND NUMBER					_	ZIP COOE			10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	211 Russell Aven	ue, #302					20877 -	-2814		IIni	ted s	States
3	11. MARITAL STATUS	12. WAS DECEDENT F	VER IN U.S. AR	MED	13. W	AS DECE	ENDENT OF HISPAI	NIC ORIGIN	17 (Specify Ye	_		- American Indian,
BYF	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 T	OR DATES	0	lf 1	yes, spe	city Cuban, Mexica 2 X NO Specif	n, Puerto y:	Rican, etc.)		Speci	
8	15. DECEDENT'S EDUC	CATION	16a. DE	CEDENT'S U	SUAL OC	CUPATIO	N	168	. KIND OF BU	SINESS/INC		irce
L.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(G/	ve kind of wo Do NOT use	ork done di retired.)	uring mos	t of working					
릴	12	_	н	omema	ker				Our	Hom	_	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Omema	ACT.		18. MOTHER'S NA	ME (First.				
_	Herman Th	ran					Johann	- '		,		
BE	19e. INFORMANT'S NAME (Type/Print)	Lan	198	. MAILING A	DDRESS	(Street en	nd Number or Rural				Code)	
2	Betty Watson						ive, Si					nd 20904
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	4 Donation 6 Other (Specify)	Well from State	Montg	natory or othe omery	er place) Cre	mato	orium, In	Ch.	Bet	hesd	a, Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. N	IAME AND	D ADDRESS OF FA	CILITY R	obert	A. P	umphi	rey Funeral
	Midde G	Kill	MOO:	2.40	Но	me/I	Rockvill	e, I	nc., 3	00 W	. Mor	ntgomery Ave
	23. PART I. Enter the diseesea, or c	complications that c			Ro	CKVI	ille, Ma	ryla	nd 20	850-	2805	1 14 20 20 40 40 400
	ahock, or heert fallure.	List only one ceuse	on each line.	our. Do no	t diller i	ine mod	ie oi dying, auc	n es cert	usc or reep	iratory an	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	6										Onset and Death
	resulting in death)	0,	epsis	UENOE OF								2 days
_				UENCE OF):	;							4 5
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윤	CAUSE (Disease or injury that initiated events	DUE TO (OF	AS A CONSEC	UENCE OF:								
E	resulting in deeth) LAST	,										
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	PART II. Other significent conditions	s contributing to de	ath but not re	suiting in	the und	derlying	ceuse given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
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JCA1	Cerebrovas	cular art								135,100		DF DEATH?
EDICAL	Cerebrovas	cular art										1 T VEC 2 THO
4: MEDICAL	Cerebrovas	scular art						-				1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL	scular art				20. PL.A	ACE OF DEATH (Ch	eck only or	ner)			1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	:	ACE OF DEATH (Ch					1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL: 1 Inpetient 2 EF	7/Outpatient 3	26b, TIME	OF :	ng Home	5 🗆 Residence	6 🗆 Othe	r (Specify)	N.IIIBY OC		1 YES 2 NO
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5413 Cedar Lane, Suite 206C, Bethesda, Maryland

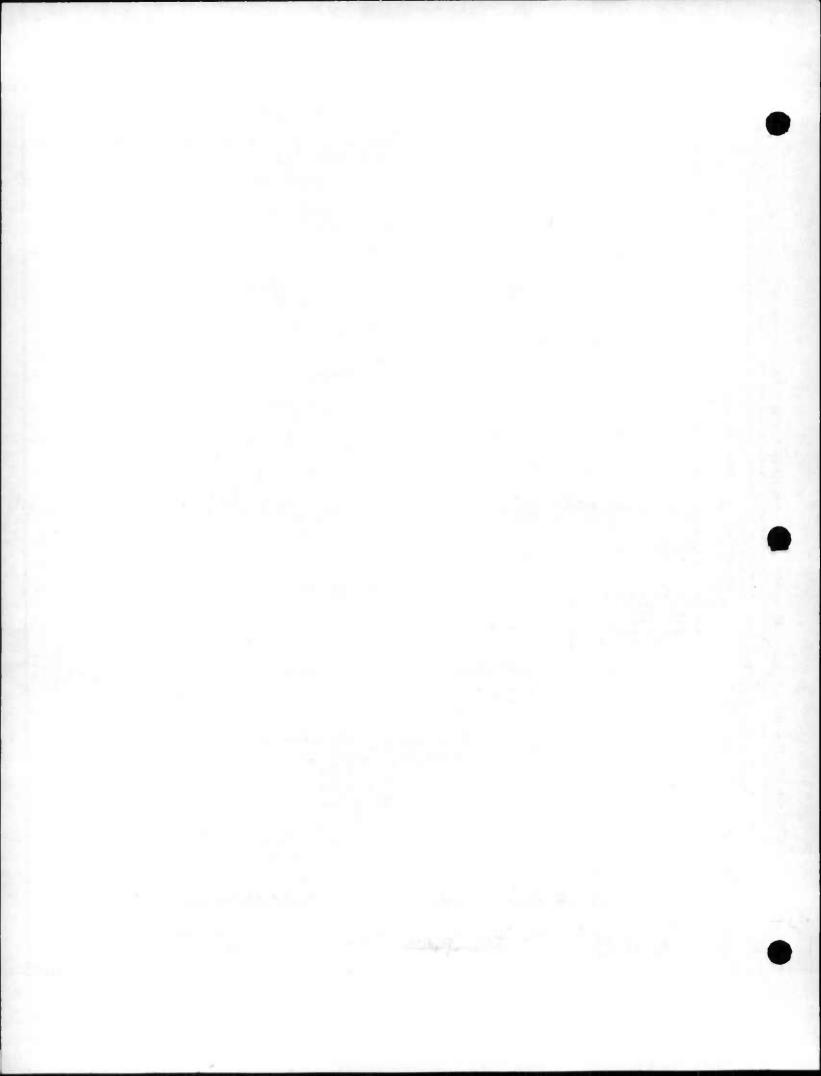


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TO THE HOSPITE
TO THE FUNERA
DE filed within 7
IMPORTANT:

To traductive, rise as many many many and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Bast, or the filled in the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Bast, or the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	ical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
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1 - STATE REGISTRAR		OINIL OI I	MARTL	AND / DI	TIFIC	CATE O	HEALTH F DEA	TH	MENTA	REG. NO.			
1. DECEDENT'S NAME (First	t, Middle, Last) HAZEL	G.		VO	GEL				2. DAT MON JUI			992	3. TIME OF DEATH 1:30 P M
4. SOCIAL SECURITY NUMBER 577-26-6970		5. SEX 1 M 2 J-F		n yrs. last bir	rthday)	F UNDER 1 YEA		R 24 HRS. MIN.	7. DATI	OF BIRTH		8. BIRTH Countr	IPLACE (State or Foreign y)
9a. FACILITY NAME (If not in		treet and number)		0	9	b. CITY, TOW	N OR LOCAT	ION OF DE		Y 8, 1			OWA FATH
8015 MAI			96. CITY, TOWN OR LOCATION OF DEATH TAKOMA PARK					TH 9c. COUNTY OF DEATH MONTGOMER					
10a. STATE	10b. COUNT	r		10	Oc. CITY,	TOWN OR LO	CATION						10d. INSIDE CITY
MARYLAND 100. STREET AND NUMBER		MONTGOME	RY			SILVER	SPRI						LIMITS?
2302 EVAN	NS DRI	VF					IUI. ZIP COL	_	0.2				WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO)	If yes,	ECENDENT (specify Cubi	nn, Maxica	ilC ORIGI n, Puerto	N? (Specify Yes Rican, etc.)	USA or No—	14. RACE	— American Indian, t, White, atc.
	EDENT'S EDU												WHITE
(Specify only	ly highest grade	completed) College (1-4 or 5	·)	(Give k	NOT use r	SUAL OCCUPA k done during etired.)	TION most of world	ng	16	b. KIND OF BUS	INESS/IN	OUSTRY	
12				HOM	EMAK	ER							
17. FATHER'S NAME (First, M CHARLES	fiddle, Lest)	MILLE	R		,,,,			HER'S NAI	ME (First,	Middle, Malden	Sumame)	C	
19a. INFORMANT'S NAME (7)	Type/Print)			19b, M	AILINO AD	ORESS (Street			Route Nun	nber, City or Town			
ROBERT T. W				150	54 H	ASLEM	ERE C						20906
20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 4 Donation 5 Dither	on 3 Aem	oval from State	ceme	etery, cremato	ory or other	DISPOSITION ,			OAT	-		City or To	
21. SIGNATURE OF FUNERAL		ENSEE	- R	OCK C	REEK	CEME	TERY AND ADDRE	00.05.54	7/3	l WASI	HING	TON.	D.C.
1 - line	the	26	, , , , ,	lui I		FRAN	CIS J.	COL	J.TN	S FUNEI	RAL I	HOME,	INC. SP., MD 2090
23. PART I/Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	nal	List only one cau	sa on ea	ch lina.									Approximata
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IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL DR ATTENDING INTRODUCE TO THE INTERPRETATION THAT THE DESPITAL DR THE HOSPITAL DREATH OF THE THE HOSPITAL DIRECTIOR: After Confident to the signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the contraction of the property of the principle of the signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans DIVISION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE	92
CERTIFICATE OF DEATH	REG. NO.	

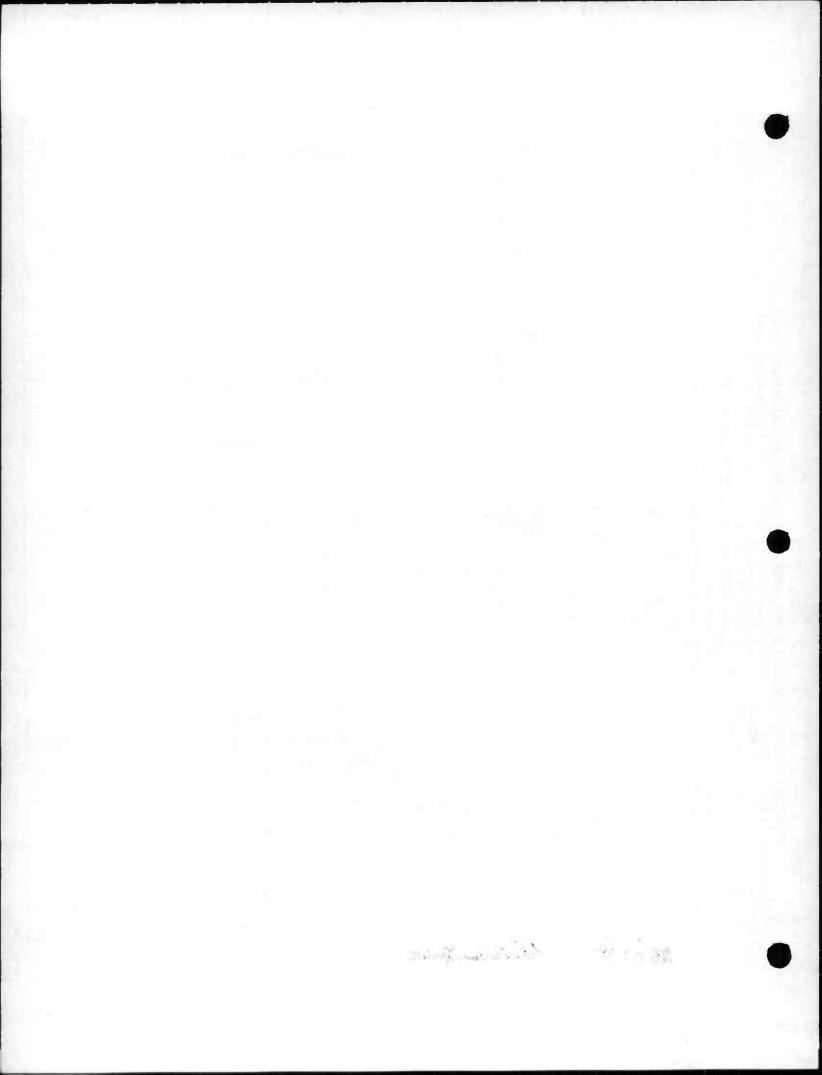
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10	1. DECEDENT'S NAME (First, I	Middle, Last)								2 DAT	TE OF DEATH	•		3. TIME OF DEATH
- 9	Dorothy I	D.	Wedemeye	r						MOR	O HTM	AY	YEAR	
	4. SOCIAL SECURITY NUMBER		5. SEX								y 29,]	1992		11:55 A
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5	RESIDENCE OF DECI	E OF DECEDENT												
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AL	10e. STREET AND NUMBER						10	I. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
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	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE				Rober	ND ADDRE	Pilm	phre	v Fune	ral	Home	/Rockville,
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Children de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de	24a. WAS AN PERFOI 1 YES 2 One) DOCATION (Street by or Town, State) seuse(s) end mante and place, and	AUTOPSY MED? M ND NJURY OC and Number 29d. DAT	24th 24th 24th 24th 24th 24th 24th 24th	Approximats interval Batween Onset and Daeth Seconds b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, s) and manner as stated. D (Month, Day, Year) 31, 1992

and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s

BALTIMORE, MARTLAND 21213-0020	HINDIAN The law requires that the leath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending nevertain	The man are the burial source and completely filled in by the funeral director page 5 should be detached for use as the burial-source narrais phase 4 of 2 accounts	n, or removal.	e medical examiner must be notified at once.	
.0.50	E HOSPITAL OR ATTENDING PHYSICIAN. The law moures that the death certificate be executed within 2	E FUNERAL DIRECTOR After this certificate formal point by the attending physician and completely	d within 72 hours after death with the Sagle Dept. of neath and Mental Hygiene prior to burial, cremation, or removal.	HTMNT. If item 28 is marked, or lietwee shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEAL CERTIFICATE OF DE	JH AND MENTAL HYGIENE ATH REG. NO.
ECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATN
BERNICE CATH	ERINE LIDNED	THONTH 30 DAY

	1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPAI Certie	RTMENT	OF HEALTH	AND N					
	1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>	IOAIL	OI DEA		REG. NO.			3. TIME OF DEATN	
	BERNICE CATH	ERINE T	WIDNER			- 1	JULY 30	1 ·	97548	7:00 P	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER t	YEAR IF UNDER	R 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign	
	473-18-0218		74 YRS.		DAYS HOURS	MIN.	(Month, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give street	et and number)	74	9h CITY 1	TOWN OR LOCATI					INNESOTA OF DEATH	
<u>بر</u>	15100 INTERLACHEN		1								
DIRECTOR	RESIDENCE OF DECEDENT	DRIVE WYZ.		SILVER SPRING MONTGO					GOME	RY	
H	10s. STATE 10s. COUNTY		10c. C/1	Y, TOWN OR	LOCATION			10d. INSIDE CITY			
	MARYLAND MONTO	GOMERY		SILVE	R SPRING	G				LIMITS?	
AL	10e. STREET AND NUMBER				10f. ZIP COD	E		10g. CITIZ		HAT COUNTRY?	
5	15100 INTERLACHEN	DRIVE #92	1		2090	06		,	USA		
FUNERAL		12. WAS DECEDENT EVE FORCES? 1 YE	R IN U.S. ARMEO	13. W	S DECENDENT	OF HISPANIE	C ORIGIN? (Specify Yea			- American Indien, White, etc.	
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF		111	yes, specify Cube	m, Mexican,	Puerto Rican, etc.)		Black, Specify		
										ITE	
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	FION Impleted)	16a. DECEDENT'S (Give kind of	work done du	CUPATION ring most of working	ng	16b, KIND OF BUS	SINESS/INDU	ISTRY		
٦		College (1-4 or 5+)	life. Do NOT u				İ				
×	17. FATHER'S NAME (First, Middle, Last)	3	REGIST	ERED N							
		137			-		E (First, Middle, Malden :	Surname)			
BE	WILLIAM CONNERA 19a. INFORMANT'S NAME (Type/Print)	LN				RGARE					
2		D (DAIIONE					ute Number, City or Town				
	MARY FRANCES WIDNE					CREET				D.C.20009	
	26g. METNOD OF DISPOSITION 1 f3 Burial 2 Cremation 3 Remove	al from State	20b. PLACE AND DATE	OF DISPOSITI	ON (Name of		OATE 20c. LOC				
	4 Donation 5 Other (Specify) 21. BIGNATURE OF FUNERAL SURVICE LICEN		GATE OF							G, MARYLAND	
	21. SASKATORE OF PUBERAL SURVICE CICEN	-		FRA	NCIS J.	SS OF FACE	LINS FUNE	RAL HO	OME.	TNC	
	A Says	25		500	UNIVER	RSITY	BLVD.,W.	SIL.	SPR.	.MD. 20901	
	23. PART I. Enter the discusses, or Cor	nplications that caus	sed the deeth. Do r	not enter th	e mode of dyl	ng, auch	as cardiec or reapir	ratory arre	et.	Approximate	
	Shock, or meert failure. Lis	it only one ceuse on	eech line.		•					interval Between	
		MERATI	ENIEP	HATNA	MIHU					Onset and Death	
	reaulting in death) a.	DUE TO (OR A	S A CONSEQUENCE OF	F):	-1111					Weeks.	
z		DUE TO (OR AS	Y BILIA	ny c	ranto	313				VEAKS.	
2	Sequentially list conditions, if sny, leeding to immediate		A CONSEQUENCE OF								
8	CAUSE (Disease or injury										
CERTIFICATION	thet initiated events	DUE TO (OR AS	A CONSEQUENCE OF	DUENCE OF):						+	
E	resulting in desth) LAST										
	DADT II Other cignificant and dist										
₹ S	PART II. Other significant conditions of STOGRENUS S	contributing to death	but not resulting	n the unde	riying cause g	riven in P	nrt i. 24a. WAS AN / PERFORI			VERE AUTOPSY FINDINGS	
							1 TYES 2	-	(COMPLETION OF CAUSE OF DEATH?	
Σ	SCLERGAERA	14 - Lim	ITEN (VI	MINER	30.		_			YES 2 NO	
ÿ ∥											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			26. PLACE OF DE	EATH (Check	conty one)				
PHYSICIAN: MED	1 YES 2 NO	☐ Inpetient 2 ☐ ER/O	Ilpatient 3 🗆 DOA	OTHER:	Home 5 Rai	sidence 8	Other (Specify)				
H	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year,	28b. TIM		c. INJURY AT WORK?	2	8d. OEŞCRIBE HOW IN	JURY OCCU	RED		
B	1 Natural 5 Pending 2 Accident Investigation				YES 2	NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, stc. (Sc	RY — At home, larm, s	treet, factory	, office	2	6f. LOCATION (Street ar City or Town, State)	nd Number or	Rural Ro	rte Number,	
E	4 Homicide determined						ony or rown, state)				
2 1	29a. CERTIFIER (Check only	N: To the beat of my knr	wiedge, desth occurre	d at the time	, date and placa.	and due to	The cause(s) and many	ner sa steled			
- II	one) 2 MEDICAL EXAMINER: (On the beats of examinat	ion and/or investigation	n, in my opin	ion, death occur	ed at the tin	ne, data and place, end	due to the	cause(s) s	nd manner as stated	
N N	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as										
	29b. SIGNATURE AND TITLE OF CERTIFIER	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)		
BE I	29b. SIGNATURE AND TITLE OF CERTIFIER	ofer		Wotens D3, 918 > 73(8)							
H H	296. SIGNATURE AND TITLE OF CERTIFIER	OHPLETEO CAUSE OF P	DEATH (ITEM 27) (Tage	Print1					31	٤ ٢	
TO BE COMPLETED	29b. SIGNATURE AND TITLE OF CERTIFIER W 30. NAME AND ADDRESS OF PERSON WHO C	OFFICE CAUSE OF DE	DEATH (ITEM 27) (Type, 3305 A	Print) Jouth					31		



1 -

BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Cert Asia has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should seen Sian Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF WITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PLESCIANT THE law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR With the Centrals has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after every with the signed by the filed within 72 hours after every with the signed by the filed within 72 hours after every with the filed within 72 hours after every with the filed within 72 hours after every with the filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the 12 hours after every filed in by the	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

92 22702 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle	Winfield	Ervir	and	Wood		2. DATE OF MONTH .	DEATH DAY	79 YE	3. TIME OF GEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D			HRTHPLACE (State or Foreign country)
	216-03-1770	1 [X M 2 [] F	79	YRS.	ONTHS DAYS	HOURS MIN.	9-	12-1	2 M	assachusetts
œ	90. FACILITY NAME (# not institution Shady Grove Adv		+ - 1	9	96. CITY, TOWN OR LOCATION OF DEATH ROCKVILLE Monto					The contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract o
DIRECTOR	RESIDENCE OF DECEDE	NT	Cai	Therrogemery						
IRE	10a. STATE 10b. COUNTY Florida Manatee				rown or Loca enton	TION				10d. INSIDE CITY LIMITS?
AL C	10e. STREET AND NUMBER					. ZIP CODE			10g. CITIZEN	1 YES 2 X NO OF WHAT COUNTRY?
FUNERAL	13 Martin Dri	ve				3	4222		Unit	ed States
J.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1 X	YES 2 N	MED O	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic	ANIC ORIGIN? (Specify Yes or	r No- 14.	RACE — American Indian, Black, White, atc.
₽	3 Widowed 4)(X Divorced	IF YES, GIVE WAR			1 🗆 YES	2 X NO Spec	elfy:			Specify: White
COMPLETED	15, OECEDENT (Specify only higher		(Gh	ve kind of wor	BUAL OCCUPATI k done during me	ON ost of working	16b. KI	ND OF BUSIN	NESS/INDUST	RY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		lanage	CID-1		Ra	nauet	Servi	CAS
Ö	17. FATHER'S NAME (First, Middle, Li	est)		larrage	,1	16. MOTHER'S N				.003
BE (Ralph Frankli						Blanch			
2	19a. INFORMANT'S NAME (Typo/Prin Barbetta J. Jo	-7				ive, Si				·
	20a. METHOD OF DISPOSITION		20b. PLACE A	ND DATE OF	DISPOSITION (N.		DATE			or Town, Stata
	1 Donation 5 Other (Specific	r)	Subur		remator			Silve	er Spr	ing, Maryland
	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE				Funeral		ces, F	P. A.	
	▶ Elleen	N. Ray	P		933 (Gist Ave	nue, Sa	ilver	Sprin	g, MD 20910
		a, or complications that c illure. List only one cause	on each line.	ith. Do not	enter the mo	de of dying, au	ch aa cardiad	or reapira	itory arrest,	Interval Between
	immediate cause (Final disease or condition resulting in death)	Caro	Lores	nico	for	0.5-	5+			Onset and Death
	resulting in death)	OUE TO (O	AS A CONSEO	UENCE OF):	,	(1	<i></i>			
NO.	Sequentially list conditions,	a. Coro co coro coue to co	AS A CONSEC	UENCE OF	erosc	eros 15	>			7"5
S	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
E	that initiated events resulting in death) LAST	DUE TO (O	AS A CONSEQ	UENCE OF):						
R		d								
MEDICAL CERTIFICATION	PART ii. Other algnificant cor	14 Sculer	ath but not re	eauiting in	the underlyin	g cause given in	Part i. 24	PERFORM		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
Ē		rasculer e	accide	ey/			1	YES 2	(NO	COMPLETION OF CAUSE OF DEATH?
										1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDI	CAL HOSPITAL:			26. P	ACE OF DEATH (C	theck only one)			
IX	1 TYES 2 ANO 27. MANNER OF DEATH	Inpetient 2 □ E			☐ Nursing Hon	e 5 🗆 Reeldence				
	1 Netural 5 Pendin	9 (Month, Day,	Ybar)	INJUR	ry wo	DRK? YES 2 NO	28d, DESCR	IBE HOW INJ	URY OCCURE	0
D BY	3 Suicide 6 Could	28e. PLACE OF I	NJURY — At hor	ne, Jarm, stre	el, factory, offic	•		ON (Street end fown, State)	d Number or Ri	ural Route Number,
ETE	4 Homicide determi	ned					J., J.,	own, otatoy		
COMPLETED	onel	PHYSICIAN: To the best of my								
	29b. SIGNATURE AND TITLE OF CE	(AMINER: On the basie of exam	imation end/or in	iveatigation,	in my opinion, o	29c. LICENSE NU				
) BE	folia Ul	Muun				139	777		▶ 2 /2	INED (Month, Day, Year)
2	30. NAME AND ADORESS OF PERS	ON WHO COMPLETED CAUSE	OF OEATH (ITEM	1 27) (Type, Pr	rint)	()	11	1 /	.16	11 20850
	31. DATE FILED (Month, Day, Year)	(Mun (M))	9711	Wed	164/ (5	uter Dr	#103 1	Keck.	ulle,	Mld 20850
	JUL 30 02	Lulia Kail	3 J. A.							
	- V 1/	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P	STATE OF THE PARTY.	2/2					_	

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BDS, P.O. BOX 13146,
TO THE HOSPITAL OR ATTENDING PHYSICIAN THE WINDOWS THE WAR OF THE CERTIFICATE DE EXECUTED WIN	The line of atth certificate be executed with
TO THE FUNERAL DIRECTOR: After this certificate has been squared an attending p	trending physician and comple
be filed within 72 hours after death with the Same Dies, or Head and Amital Hygiene prior to burial, crea	The Western Hygiene prior to burial, crea
IMPORTANT: If Item 28 is marked, or item 23 shous any allury, or other traumatic even	ny minny, or other traumatic even

Schiavoni,

7 1992

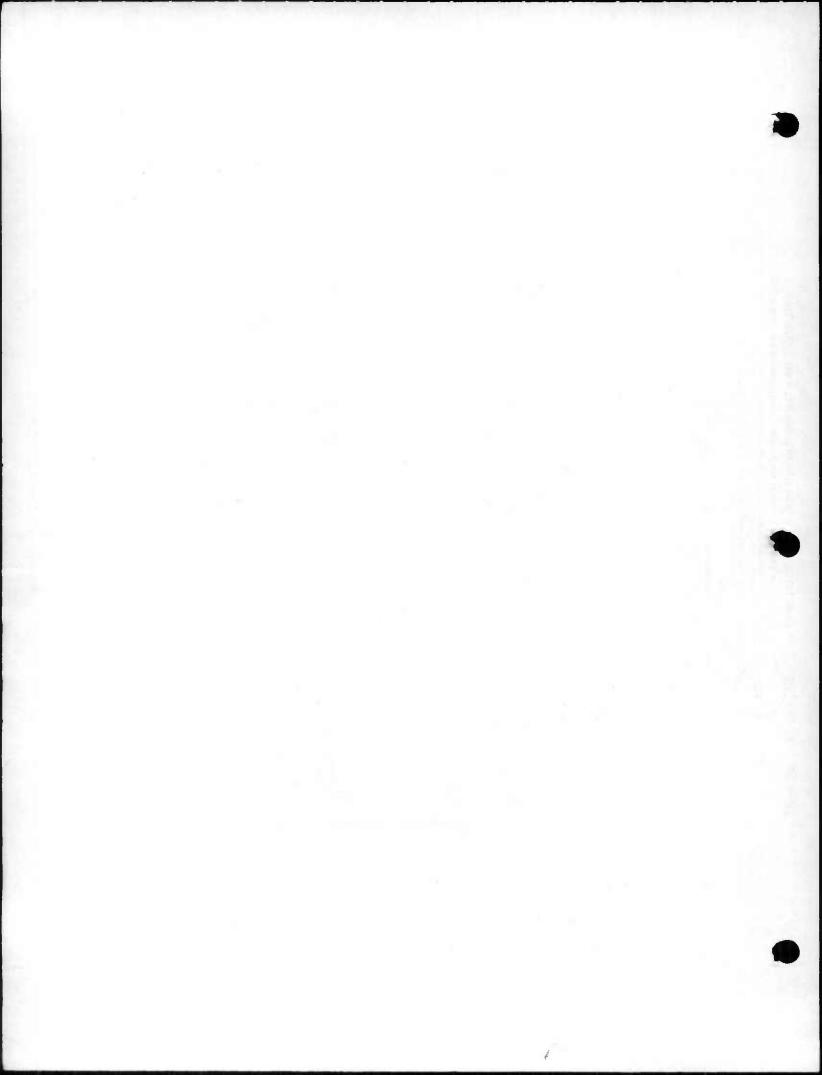
Edmund S.

31. DATE FILED (MONTH), D. AUG 0

1, Jr., M.D., 130
32/REGISTRAR'S SIGNATURE

	- SIAIE	TE OF MARYLAND /					E	92	2270:
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	CE	HIIFIC	CATE OF	DEATH	REG. NO.		1.,	IME OF DEATH
	Herman Leroy Welle					MONTH DA	4 9:	AR 12	2:00 N M
	4. SOCIAL SECURITY NUMBER 5. SEX 218-30-9006 1 🔀	8. AGE (In yrs. last		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/20/1929	9 Ma	Country) 1 ryla	nd
OR	9a. FACILITY NAME (If not institution, give street and 28 W. Main Street	number)		Hanco	or location of de CK	ATH	Wash	of DEATH	
IRECT	RESIDENCE OF DECEDENT 10a. STATE Maryland Wash	nington		TOWN OR LOCA				. INSIDE CITY LIMITS?	
RAL	10. STREET AND NUMBER 28 West Main Street	irigeon	110	10	1. ZIP CODE 21750		10g. CITIZEN USA		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 12. WA	S DECEDENT EVER IN U.S. AR RCES? 1 YES 2 X N YES, GIVE WAR OR DATES	MED IO	13. WAS DEC	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)		Black, Wh Specify:	
COMPLETED		ed) (Gi	CEDENT'S US ve kind of wor Do NOT use	SUAL OCCUPATI rk done during me retired.)	ON ost of working	16b. KIND OF BUS	I SINESS/INDUST		White
BE COMP	17. FATHER'S NAME (First, Middle, Last) Vernon Weller				18. MOTHER'S NA	ME (First, Middle, Malden Welle			
일	19a. INFORMANT'S NAME (Type/Print) Lisa Schetrompf				and Number or Rural I	Poute Number, City or Tow			
examiner must be	26s. METHOD OF DISPOSITION 1 N Burlai 2 Cremation 3 Removal from 4 Donation 6 Other (Specify)	m State 20b, PLACE other pla	OF DISPOSIT		metery, crematory or	20c. LO	cation - chy		21 7 50
examiner	21. SIGNATURE OF FUNERAL BERWICE GROUPEE	Marin	0 _		F.H. 141	силу . W.Main St	Hanco	ck	Md 21 7 50
	23. PART I. Enter the disesses, or complesshock, or heart failure. List on	alions that caused the de ly one cause on each line	ath. Do no	t entar the me	ode of dying, suc	h sa cardiec or reapi	retory srrest		Approximata interval Between Onset and Daeth
event, une medical	immediate cause (Finel disease or condition resulting in death)	ardiorespirat	tory a	arrest				i	Mins.
	Sequentially list conditions, b. M	yocardial in	farcti	Lon				j	Mins.
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	oronary arter							Years
CERTI	resulting in death) LAST								
B	PART II. Other aignificant conditions control Hypertension, Type					Part i. 24a. WAS AN PERFOR	RMED?	AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
: MEDICAL	¹ eft ventricular dy peripheral vascular	sfunction, ve	entric	cular e	ctopy,		(<u></u>	100	YES 2 XNO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:		28, P OTHER:	LACE OF GEATN (Ch				
Y PHYS	27, MANNER OF DEATN 26	8a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED	
TED BY PI	2 Accepted	8a. PLACE OF INJURY — At he building, atc. (Specify)	me, farm, str	rest, factory, offi	ce	281. LOCATION (Street City or Town, State)		Rural Route	Number,
O BE COMPLETED	29a. CERTIFIER (Check only one) 1 PHYSICIAN: To MEDICAL EXAMINER: On the							tuse(s) sn	d menner as stated.
O BE C	2962 SIGNATURE AND TITLE OF CERTIFIER	rawy	24	1	D38441		29d. DATE BI	GNED (Mo	nth, Day, Year)
	30, NAME AND ADDRESS OF PERSON WHO COMP	HETED CALLES OF DEATH ATE	M STO (Fees A	Salant)				1	

130 W. High St., Hancock, MD 21750



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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hat the dear	d by the atte	and Menta	of injury,
s that the dear	ned by the att	lith and Menta	any injury,
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quires that the dear	arrived by the atte	If In and Menta	ows any injury,
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requires that the dear	the permanence by the after	That of Hillith and Ments	23 shows any injury,
he prequest that the dear	the been signed by the after	e that of Halith and Menta	m 28 shows any injury,
. The prequest that the dear	ate tar been surred by the atte	tate In a committee and Menta	tem 23 shows any injury,
IN: The prequest mat the dear	ficate the been supped by the after	State In a He lith and Menta	r item 23 shows any injury,
CIAN: The prequest mat the dear	ertificate to the sugned by the atte	he State In a call lith and Menta	or item 22 shows any injury,
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VG PHYSICIAN: The prequest mat the dear	ter this certificate to be more uned by the atte	ath with the State Charlot and Menta	marked, or item 25 shows any injury,
DING PHYSICIAN: The preques that the dear	After this certificate to be agreed by the atte	death with the State II, it is all lith and Menta	s marked, or item 22 shows any injury,
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ATTENDING PHYSICIAN: The presents that the dear	ECTOR: After this certificate to be a sined by the atte	rs after death with the State III and Menta	n 28 Is marked, or item 22 shows any injury,
OR ATTENDING PHYSICIAN: The property mat the dear	NRECTOR: After this certificate to be a sined by the atte	ours after death with the State Day of Hillith and Menta	em 28 is marked, or item 22 shows any injury,
L DR ATTENDING PHYSICIAN: The property had the dear	. DIRECTOR: After this certificate to be an unned by the atter	hours after death with the State Day of Hillith and Menta	Item 28 Is marked, or Item 22 shows any injury,
TAL DR ATTENDING PHYSICIAN: The property had the dear	AL DIRECTOR: After this certificate to be aumed by the atte	72 hours after death with the State III and Illth and Menta	If Item 28 Is marked, or Item 22 shows any injury,
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HE HOSPITAL OR ATTENDING PHYSICIAN: The properties that the dear	HE FUNERAL DIRECTOR: After this certificate to be manned by the atte	ed within 72 hours after death with the State Inc. of Ill lith and Menta	ORTANT: If Item 28 Is marked, or Item 22 shows any injury,
THE HOSPITAL OR ATTENDING PHYSICIAN: The property had the dear	THE FUNERAL DIRECTOR: After this certificate to be more uped by the atte	filed within 72 hours after death with the State Inc. of It lith and Menta	PORTANT: If item 28 is marked, or item 25 shows any injury,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The properties high the dear	TO THE FUNERAL DIRECTOR: After this certificate to be more uned by the atte	be filed within 72 hours after death with the State Day of Hillith and Menta	IMPORTANT: If Item 28 Is marked, or Item 25 shows any injury,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The properties that the death certificate be executed within 24 yours after death, Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate to men sured by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State In a set lith and Menta	IMPORTANT: If item 28 is marked, or item 28 shows any injury, or other traumatic event, the medical examiner must be notified at once.

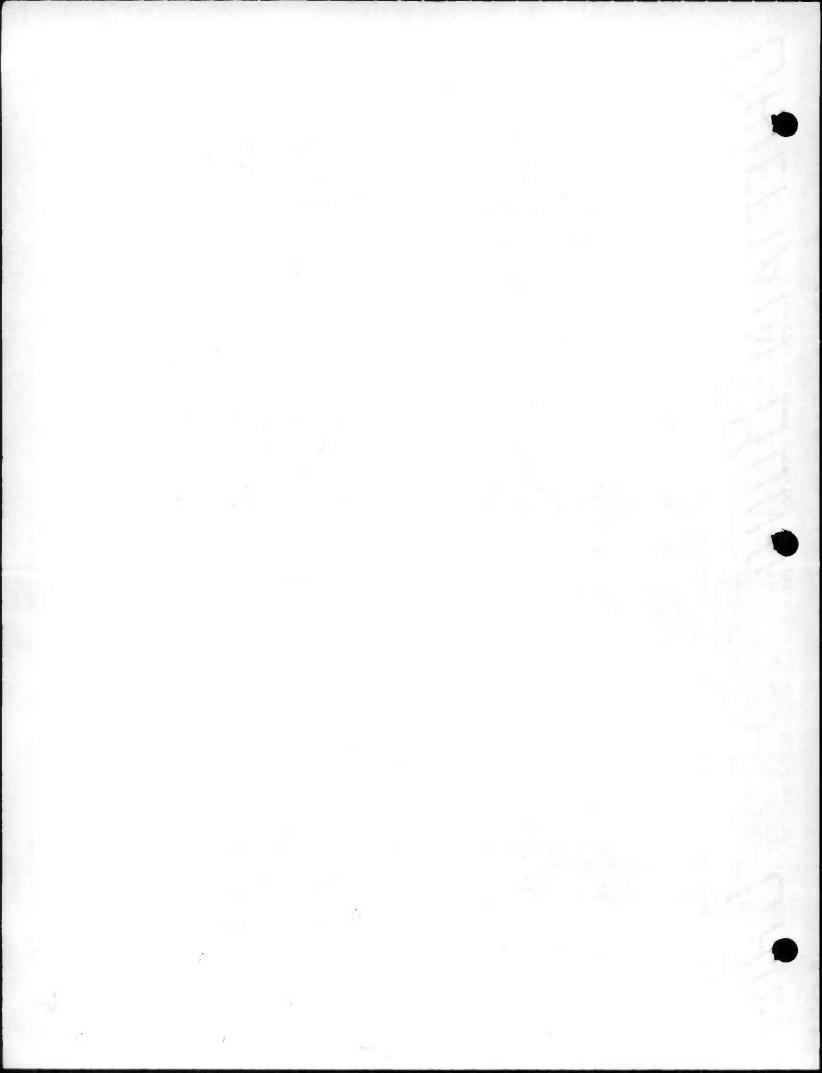
	202							92	2270
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		RIMENT OF H		MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH MONTH D	AY Y	3. 1	TIME OF OEATH
	Melvin Joseph Whi					Aug. 3,19			10:30 P
	4. SOCIAL SECURITY NUMBER 219-12-0816	1 □XM 2 □ F	72 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Your) Dec. 2, 19	19 1	Belau	
OR	80. FACILITY NAME (If not institution, give at Northampton Manor			Frederic	or location of de LK	ATH	Fred	erick	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MD Frede			TY, TOWN OR LOCA	TION				1. INSIDE CITY LIMITS?
	MD Frede	ACCR	17	rederick	. ZIP CODE		T 40- CITIZEI		YES 2 NO
FUNERAL	800 Motter Ave. #				21701		US	A	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	J or No.— 14	Black, WI Specify;	American Indien, hite, etc. White
	15. OECEOENT'S EQUI (Specify only highest grade	CATION completed)	16a. DECEOENT'S	USUAL OCCUPATION	ON set of working	16b. KIND OF BU	SINESS/INOUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 8+)	Ille. Do NOT u	se retired.)	at or morning		_		
d M			Supe	wisor		Brick	Co.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	÷0				ME (First, Middle, Maiden)Uella Jen			
B	Marion Ellis Whit	.e	Barrier Marie						
٤	Elaine Wilkinson					Poute Number, City or Tow Le, MD 208.		>de)	
	20e. METHOD OF DISPOSITION 1	oval from State SI	PLACE OF CISPO	SITION (Name of co	netery, cremetory or tory 8-4-	92 Smi	cation - ch ths bur	y or Town,	21783
	21. SIGNATURE OF FUNERAL SERVICE LIC			-	NO ADDRESS OF FA			37	
- 1	GA TO		-		Funeral				
	Jenns	A. Nen	120	12525	Bradbury	Aug Smi	thsbur	g, MD	
	23. PART I. Enter the diseases, or cashock, or heart fellure.	complications that caused List only one cause on as	the death. Do	not enter the mo	de of dying, suc	h sa cardiac or resp	iratory scres	t,	Approximate interval Batwee
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Re	cure	at	CVA	L			Onset and Deat
	resulting in cestin)	DUE TO (OR AS A	CONSEQUENCE C	PF):		<u></u>	0	43	
CERTIFICATION	Sequentially list conditions,	b. Sites	ioscle CONSEQUENCE	ilse	Carebu	u poste	ula d	les.	
¥	cause. Enter UNDERLYING	•							!
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (QR AS A	CONSEQUENCE C)F):					
E	resulting in death) LAST	d							
MEDICAL C	PART II. Other algorificant condition	is contributing to death be	ut not resulting	in the underlyin	g cause given in	Part I. 24a, WAS AF PERFO	RMED?	CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
Σ.								1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch				
¥ ا	27. MANNER OF OEATH	1 Inpatient 2 ER/Outp	26b, Til		JURY AT	8 U Other (Specify) 28d. DESCRIBE HOW	IN HIRY OCCU	DED	
	1 Netural 5 Pending	(Month, Day, Year)	IN	JURY W	YES 2 NO	aud. Degornate from	moon coo	1100	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,			281. LOCATION (Street City or Town, State	end Number or	Rural Route	a Number,
	29e. CERTIFIER					267 113			
COMPLETED	(Check only	ICIAN: To the best of my knowledge: On the besis of examination							id manner as stated.
	29b. SIGNATURE AND TIME OF CERTIFIE						,	220111	
BE	AND SIGNATURE AND THE OF CERTIFIE	llen	ly	2 Seeds	29c. LICENSE NUI	499	29d. DATE S	8-6	onth, Day, Year)
9	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	la		-	- 2		

P. O. BOX 210 MT. AIRY, MD 21771 301-829-0772

- Marie

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) AUG 11 1992



len signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should of Health and Mental Hygiene prior to burial, cremation, or removal. quires that the death certificate be executed writhin 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 RECORDS, P.O. BOX 68760,

or nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

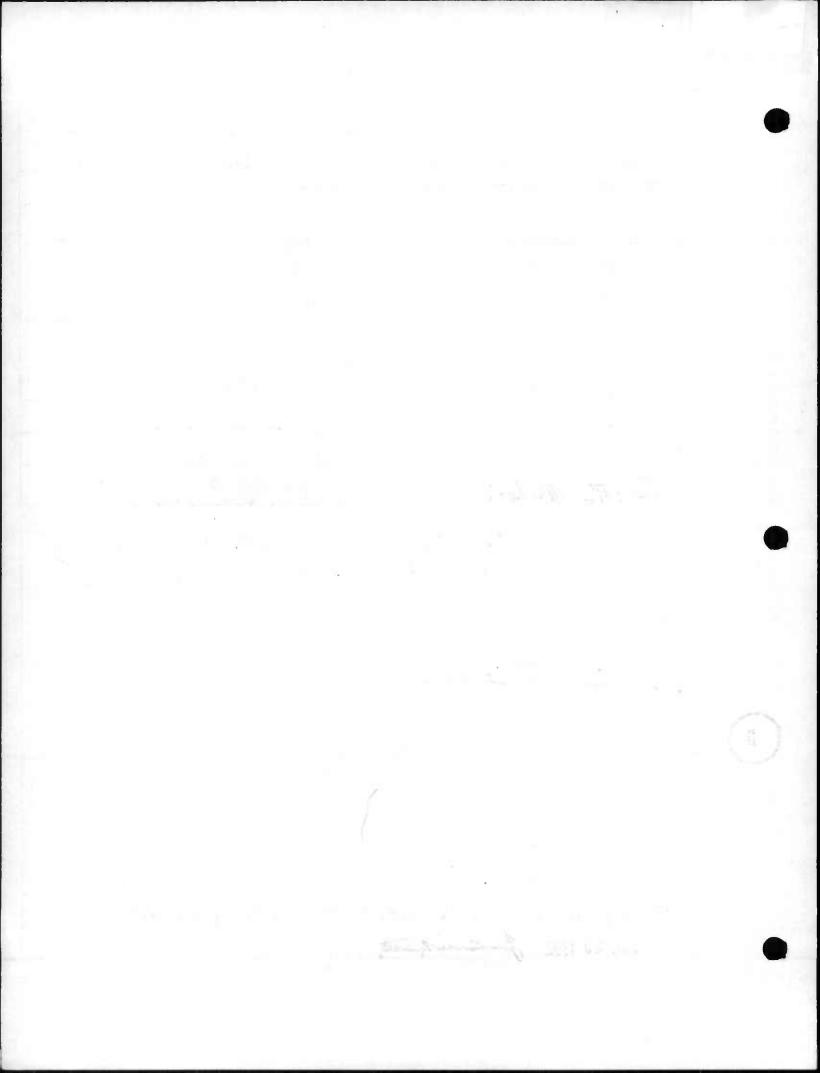
TO THE HOSPITAL OR ATTENDING PHYSICIA TO THE FUNERAL OIRECTOR: After this entit be filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, or

DIVISION OF

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

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	1. DECEDENT'S NAME (First, Middle, Last) Marie	(T)			\	N=	11<		2. DATE OF MONTH	DEATH DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	T.	8. AGE (In yrs.	from historia i	IF UNDER	-		AL JOS	7	2	7	92	0318 %
	577-32-7816	1 M 2 1 F	6. AGE (III yrs.	•	MONTHS	DAYS	HOURS	MIN.	7. DATE OF (Month, D	ey, Year)	,	Countr	.,
	9a. FACILITY NAME (If not institution, give st		0;)	9b CITY	TOWN	OR LOCATIO	ON OF DEA		/1927		Mar NTY OF D	ryland
<u>۳</u>	PENINSULA REGIO	ONAL MEDI	CAL CE	NTER			BURY	011 01 010				COMIC	
DIRECTOR	RESIDENCE OF DECEDENT										"11	701110	
뿐	10e. STATE 10b. COUNTY			10c, CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
	Maryland Word	ester			Poco	make	Cit	у					1 YES 2 X NO
FUNERAL	2752 Nassawango	Dond				10					10g. CIT		VHAT COUNTRY?
W	11. MARITAL STATUS	12. WAS DECEDEN	T FIVER IN U.S.	404450			2185					USA	
	1 Never Married 2 Married	FORCES? 1	YES 23		- 1	If yea, ap	ecify Cuber	n, Mexican	IC ORIGIN? (5 i, Puerto Rice	Specify Yea in, atc.)	or No		American Indian, t, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AH OH DATES			1 YES	2 NO	Specify:				Speci	white
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a.	DECEDENT'S	USUAL O	CCUPATI	ON		16b. KI	ND OF BUS	INESS/IN	DUSTRY	wille
9	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life, Do NOT u			or working	¥					
MP	12			Home	make	r							
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Melder									
BE	Howard T. Davenpo	ort							ia Cre				
2	Donald M. Wells			196. MAJLING									
	20a. METHOD OF DISPOSITION		20h BLAC	Z/JZ				a. ,	POCOMO	1		218 City or To	
	1 S Burial 2 Cremation 3 Remo	oval from State	cemetery,	crematory or o	ther place)				1				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11111	sboro	22.	NAME A	ND ADDRES	SS OF FAC	HLITY	I Hil	Lsbo	ro,	Virginia
	+SCATE N	Uelson							ral Ho				
	23. PART I. Enter the diseases, or o	complications that	caused the	deeth. Do	not enter	PO the mo	BOX (64.	Pocomo	or respi	Md .	218	51 Approximata
	shock, or haert fallure. (List only one cau	se on aach ii	lne.				3,				,	Interval Between Onsat and Daeth
	disease or condition resulting in death)	Ca	0	2 -	a.L	2	,	1	5	0			Da
	resolding in death)	DUE TO	OR AS A CON	SEQUENCE O	F):	-/			ر پر	12	,		1
Z	disease or condition resulting in death) a. Cacapeulage Faula Dag DUE TO (OR AS A CONSCOUNAGE OF): Cacapeulage of Cacapeulage Consciounage of Cacapeulage Consciounage of Cacapeulage Consciounage of Cacapeulage Consciounage of Cacapeulage Consciounage of Cacapeulage Consciounage of Cacapeulage Consciounage of Cacapeulage Consciounage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulage of Cacapeulag												
Ĕ	dependent of the continuous, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate												
5	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO	OR AS A CONS	SECULENCE O	F):								
CERTIFICATION	resulting in deeth) LAST		OII AO A COII	SECOLUCE O	٠,٠								
EDICAL	PART II. Other algnificant condition	s contributing to	deeth but no	t resulting	In the ur	nderlyin	g cause g	iven in F	Part I. 24	PERFOR		24b.	WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO
ğ	golden		ren	ac)					_ 1	YES 2	-NO	_	COMPLETION OF CAUSE OF OEATH?
Σ					_								1 TES 2-10-
AN	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN:	EXAMINER?	HOSPITAL:	E010-11-11-1		OTHER	R:	LACE OF DE						
H	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIN			URY AT	_	28d. DESCRI		SO YRULA	CURED	
	1 Nateral 5 Pending	(Month, Di	ry, Year)		JURY	WC	PRK? YES 2					001120	
р Вү	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — AI	home, ferm,	atreet, fact	lory, offic			28f. LOCATIO	ON (Street a	nd Number	or Rural A	loute Number,
COMPLETED	4 Homicide determined	building,	ate. (Specify)						City or A	own, State)			
PLE	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge,	death occurr	ed at the t	lme, data	and place,	and due t	to the cause(e) and man	ner as sta	ted.	
MO	and a												and manner es stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	. 8					29c. LICE	NSE NUMI	BER		29d. DAT	E SIGNED	-(Month, Day, Year)
00	(bh)	Dee					DO	202	20		•	>/~	, —
2	30. NAME AND ADDRESS OF PERSON WHO		E OF DEATH (I	TEM 27) (Type	, Print)	- 0	1 0	011-		4	0 -	105	1
1	J. Gary Green		incy		UST	7.	t. 5	alis	bun	1, M	U.J	180	1
	31. DATE FILEO (Month, Day, Year)		R'S SIGNATURE	1									
- 4	JUL 29 1992	1	- ALCOHOL	MARCH									



Invariant the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

It is not by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

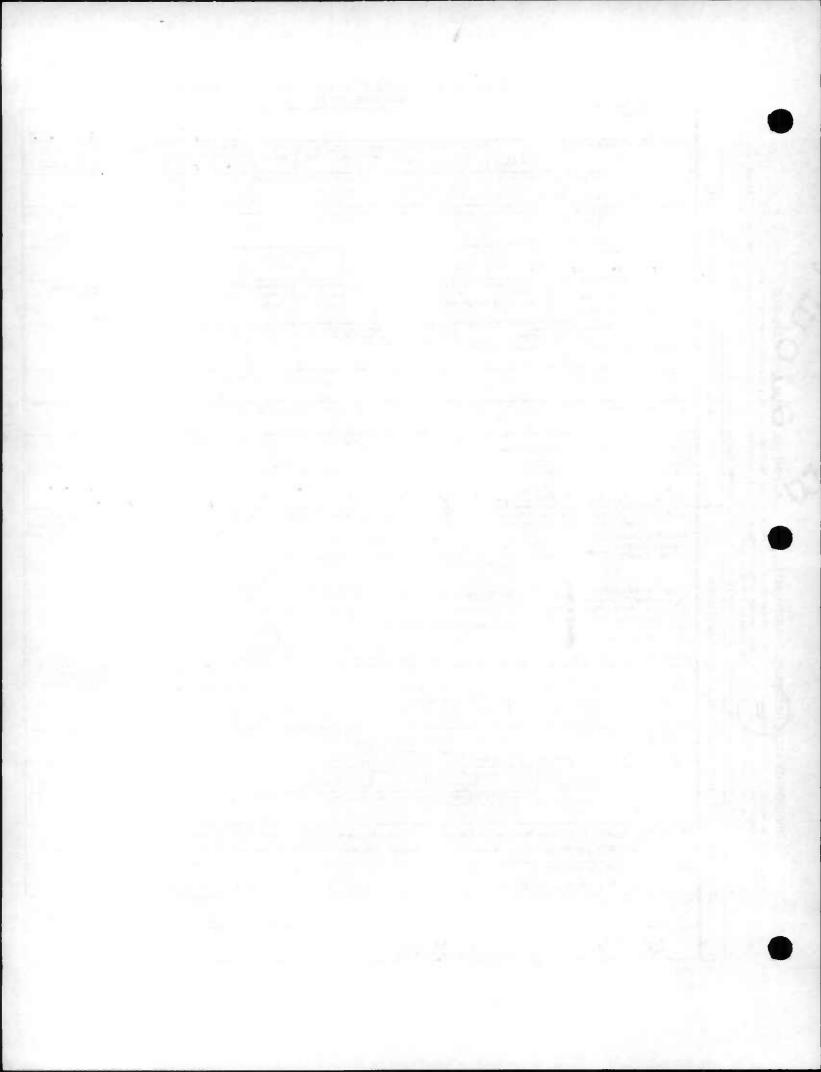
D BE COMPLE		CIAN: To the best of my know R: On the basis of examination				time, date end pla	ce, and due to the		th, Day, Year)	
TEO T	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, s			28f. LOCATION (City or Town,	Street and Number of State)	r Rural Route I	lumber,	
PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outp	26b. TIM	E OF 280 URY	Home 5 Residence c. INJURY AT WORK? 1 YES 2 NO		How INJURY OCCU			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. PLACE OF OEATH (Ch	eck only one)				
MEDICA	Congestive fly	a contributing to death be are feeling	lentum	in the under	riying cause given in	P	AS AN AUTOPSY ERFORMED? (ES 2 K) NO	AMAIL COMI DF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO	
L CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	1	CONSEQUENCE OF							
. 4	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
, ma	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Chronse	o 6stru		Pulmone	vy 21	Lease		Onset and Daath 20 yrs	
	23. PART I. Enter the diseases, or control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	any Un	glest the death. Do r	Ta Ab	ME AND ADDRESS OF FA ITTING—Cary Serdeen, Ma a moda of dying, suc	o Funera	21001-3	399 -	Approximata	
	20a. METHOD OF DISPOSITION 1 Security 2 Cremation 3 Remark 4 Donation 5 Other (Specify)	oval from State	etery, crematory or o	verplace) vernod	list Cemete	ry 8/4 I	Bel Air,	Maryl	and	
TO BE	Mrs. Clara A. Jo	rdan			Ave., Aber	deen, Ma	aryland	21001		
6	17. FATHER'S NAME (First, Middle, Last) Clownie E. McCo	У	18. MOTHER'S NAME (First, Middle, Melden Sumame) Mamie E. Jackson							
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 5	Confeded) College (1-4 or 5+)	(Give kind of a life. Do NOT us Homemake		ng most of working	In	n Home			
B	1 Never Married 2 Merried 3 M Widowed 4 Divorced 15. OECEOENT'S EDUC	FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 Mio ATES	If ye	os, specify Cuban, Mexico YES 2 NO Specif	in, Puerto Rican, a ly:	of Business/Indu	Specify: Whit	ite, etc.	
FUNERAL	221, Apt. 202, Pe	errywood Cou		12 MMC	101. ZIP CODE 21001 S DECENDENT OF HISPA	Alic Obician Man		USA	COUNTRY?	
DIRECTOR	4	ford	Aber	v, town on L deen	LOCATION				INSIDE CITY LIMITS? YES ZX NO	
STOR	221 Perrywood Cour				rdeen			rford		
	217-50-3733 9a. FACILITY NAME (If not institution, give si	1 □ M 23© F 66	YRS.	MONTHS DA	OWN OR LOCATION OF D	NOV. 1	8,1925	West V	/irginia	
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 Y	TEAR IF UNDER 24 HRS.	July 3	TH		L:00 A.M.	
	MARY FRANCES I									

703 Revolution St

Than

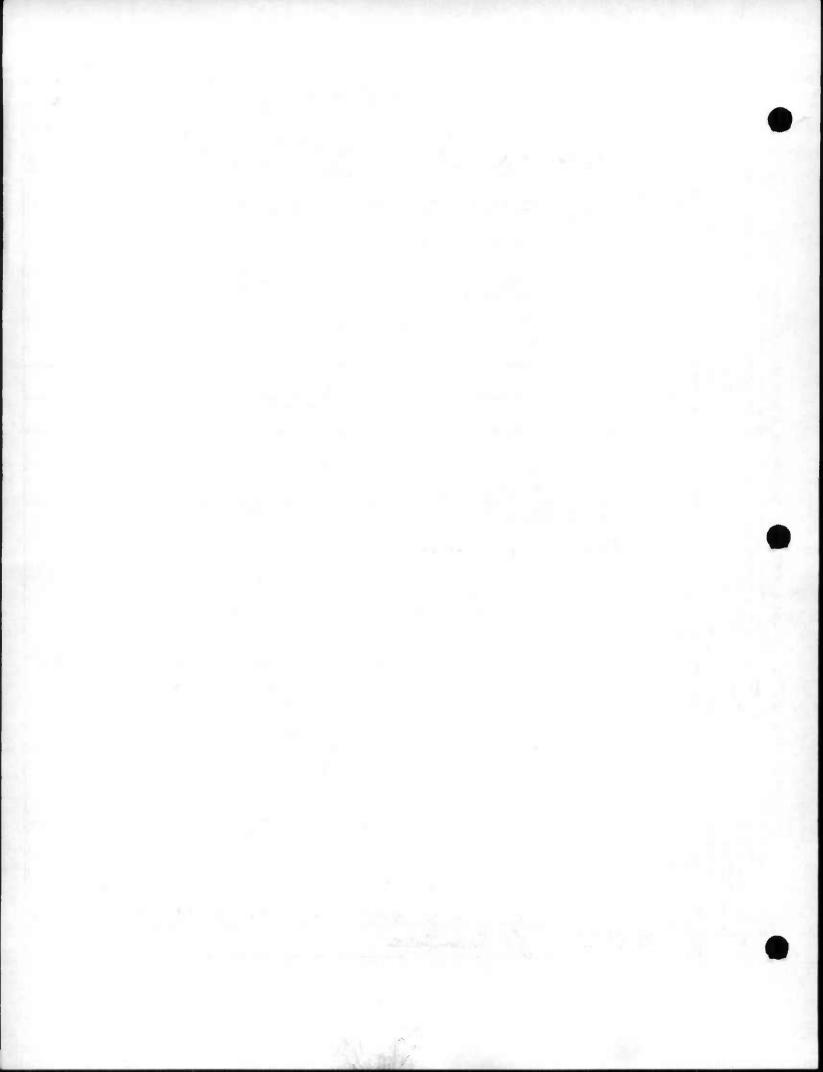
AUG 03 92

ms 32 REGISTRAR'S SIGNATURE
Julia Davidson-Pandall Hanre Dr Grace



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law equires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH DA	Y _YE	A/I	TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest t	high deal or mun			8	4			2:00 A	
	257-76-6246 10 M2 XF		YRS. MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.	/4 do not	OF BIRTH		Country)	ACE (State or Foreign	
	9e. FACILITY NAME (If not institution, give street and number)		9b. CIT	Y, TOWN C	OR LOCATION OF	DEATH	1311	9c. COUNTY		MYLAN	
CTOR	St. Agnes Hospital			Ba	ltimore						
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCAT	ION				100	d. INSIDE CITY	
DIRE	MD				nore Ci	tv				LIMITS?	
RAL	10e. STREET AND NUMBER				ZIP CODE	<u>- J</u>		10g. CITIZEN			
REA	11 West 20th Street A		PAMEO 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No						UDA		
BY FUNE		IT EVER IN U.S. ARMI YES 2 X NO WAR OR DATES		If yes, sp	ENDENT OF HISI ecity Cuben, Mex 2 XNO Spe	Ican, Puerto F	? (Specify Yea licen, stc.)		Black, Wi Specify:	American Indian, hite, etc. White	
G	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	OCCUPATIO	ON st of working	18b.	KIND OF BUS	INESS/INDUST					
LET	Elementary/Secondary (0-12) College (1-4 or 5 +	- May 17	o NOT use retired.)	at or working						
COMPL	8 17. FATHER'S NAME (First, Middle, Last)		Homem	aker	40 1407117010						
ECC	Charles Browning				te. MOTHER'S			Surneme)			
8	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRES	SS (Street a	nd Number or Rur	a Mun	er, City or Town	ı, Stefe, Zip Cod	fo)		
5	Mrs. Elizabeth O'Neil	84	01 Wood	dford	Ct.,	Vienna	a, Vir	ginia 2	22182	2	
	20e METHOD OF DISPOSITION 1 M Buriet 2 Cremetion 3 Removal from State	20b. PLACE AN	DATEOFDISPO	SITION /Ne	me of	DATE	20c. LOC	CATION — City	or Town,	State	
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Darlin	ngton C				Da:	rlingto	n, I	MD	
	Mitchell-Smith Funeral Home, P.A.										
	23. PART i. Enter the diseases, or complications that	t coused the deat	Th. Do not ente	Havre	e de Gi	cace,	MD 2	1078-3	197	Approximate	
	immediate Cause (Final disease or condition resulting in death)	OR AS A CONSECU	O ALS							interval Betwee Onset and Dea	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST										
A	PART II. Other significent conditions contributing to	deeth but not res	sulting in the u	nderlying	cause given	in Pert I.	24e. WAS AN			RE AUTOPSY FINDING	
AN: MEDIC						_	PERFORI	200	OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		OTHE		ACE OF DEATH	Check only one)				
2	1 YES 2 NO 1 Impatient 2 C 27. MANNER OF DEATH 25e, DATE OF	ER/Outpatient 3	DOA 4 Nu	rsing Home	5 Residenc	7					
+	1 Netural 5 Pending (Month, Di	ey, Ybar) F INJURY — At home	28b. TIME OF INJURY M		RK? 'ES 2 NO			IJURY OCCURE		Number	
ВУР	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)										
ED BY P	building,	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner ea stated. Discretely the course of the time, date end place, and due to the cause(e) end menner ea stated.									
MPLETED BY P	29e. CERTIFIER (Check only								use(e) end	d manner ee stated.	
BE COMPLETED BY P	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examiner and title of certifier	remination end/or inv	restigation, in my			he time, date					
TO BE COMPLETED BY PHY	29e. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the basic of ex	remination end/or inv	restigation, in my	opinion, de	eath occured at t	he time, date	end place, end	f due to the cau			
BE COMPLETED BY P	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examined 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS 11. DATE FILED (Month, Day, Year) 32. BEGISTRAL	remination end/or inv	New Print)	opinion, de	eath occured at t	he time, date	8 -78	f due to the cau			



Pages 1, 2, 3 should

permit.

BOX 68760, P.O. DIVISION OF VITAL RECORDS.

use as the burlal-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. ò detached once. funeral director, page 5 should be notified at 2 must the medical examiner physician and completely filled in by the ne prior to burial, cremation, or removal. certificate be executed within event. traumatic or other shows any OR ATTENDING PHYSICIAN: The law requires Dept by 13 Corificate I I the State I, or Nem this c marked, DIRECTOR: After the hours after death v 99 28 FUNERAL DIRECT within 72 hours a STANT: If Item 2 TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 3-1992 **GEORGE** WILLIAM WEISS 8 -903 A. H 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS APRIL 17,1921 1 M 2 | F 288160371 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH GREATER LAUREL BELTSVILLE HOSPITAL DIRECTOR LAUREL PRINCE GEORGE'S RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGE'S BELTSVILLE 1 TYES 2XXNO FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 20705 UNITED STATES lace 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES ONE WAR OR DATES BY 3 Widowed 4 Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 years 2 vears SALESMAN SELF EMPLOYED 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Sumame) GEORGE WILLIAM WEISS MARIE V. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SAME AS #10 HELEN C. WEISS 20a. METHOD OF DISPOSITION
1 Surial 2 Cormation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State METROPOLITAN CREMATORY 8/4/92 ALEXANDRIA, VIRGINIA 4 Dopation 5 Other (Specify) ATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Md. 20705 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximata IMMEDIATE CAUSE (Final Onset and Death infaction disease or condition Myseardial 30 mins resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 10 OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

(Check ank)

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as attated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)

| 8/3/92 BE ,1 D33979 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Godlant FX 20715 14700 La. BOWIL MA Julia Daydon Andre AUG 04 92

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FOR STATE REGISTRAR

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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
5	8
_	SPITAL

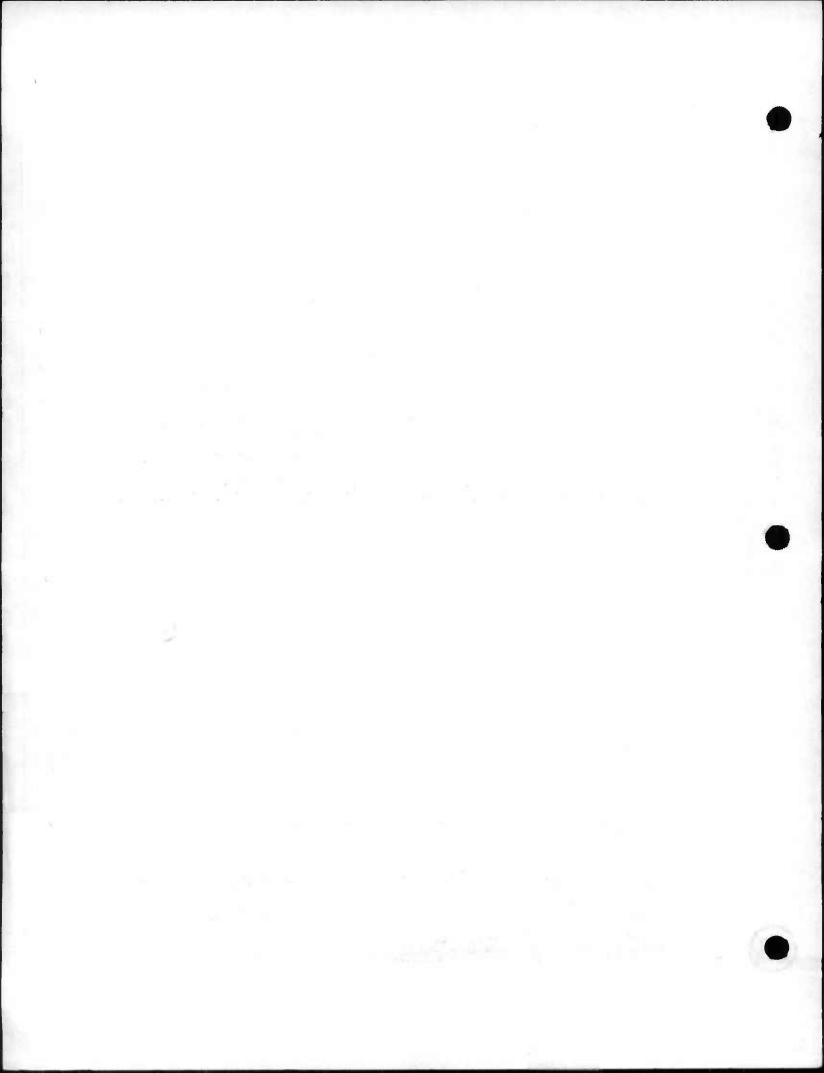
1. DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ALVIN CLINTON **ADAMS** 8 14 11:00 4. SOCIAL SECURITY HUMBER B. BIRTHPLACE (State or Foreign 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 F YRS. 216 12 0973 9 MARYLAND permit. Pages 1, 2, 3 should and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMORE 1 X YES 2 HO FUNERAL 10e. STREET AND HUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 814 WEST 32nd street USA 21211 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea. specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE --- American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Pr 1 YES 2 HO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify: detached for use as the WW II WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION 16b. KIHD OF BUSINESS/IHDUSTRY (Give kind of work done life. Do NOT use retired.) intary/Secondary (0-12) College (1-4 or 5+) CITY TRUCK DRIVER 11TH 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at funeral director, page 5 should be REBA FRAMPTON BE ARTHUR ADAMS 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a, INFORMANT'S HAME (Type/Print) 819 WEST 34th STREET, BALTO., MD. 21211 ROBERT ADAMS must be 20a. METHOD OF DISPOSITION

1 Special 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AHD DATE OF DISPOSITION (Name of 20c. LOCATIOH -- City or Town, State FAITH CEMETERY 8/18/92 BALTO., MARYLAND medical examiner 21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE, BALTO., MD. 21211 een signed by the attending physician and completely filled in by the of Health and Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heert fallure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death the disesse or condition ACUTE RESPIRATORY FAILURE 14 HRS resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): SEPSIS, SOURCE UNKNOWN CERTIFICATION 14-24 HRS Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury PROSTATIC CANCER SEVERAL YEARS injury, or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 - YES 2 - NO 1 | YES 2 | HO this certificate has been with the State Dept. of P PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPIZAL OTHER: 1 TYES 2 NANO flent 2 - ER/Outpatient 3 - DOA 4 - Hursing Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation DIRECTOR; After the hours after death v BY 1 YES 2 HO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28 is 3 Suicide 28f. LOCATIOH (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: It Item 2 hours ? 1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMIHER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, 3 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S 31. DATE FILED (Month, Day, Year) whie Davids

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



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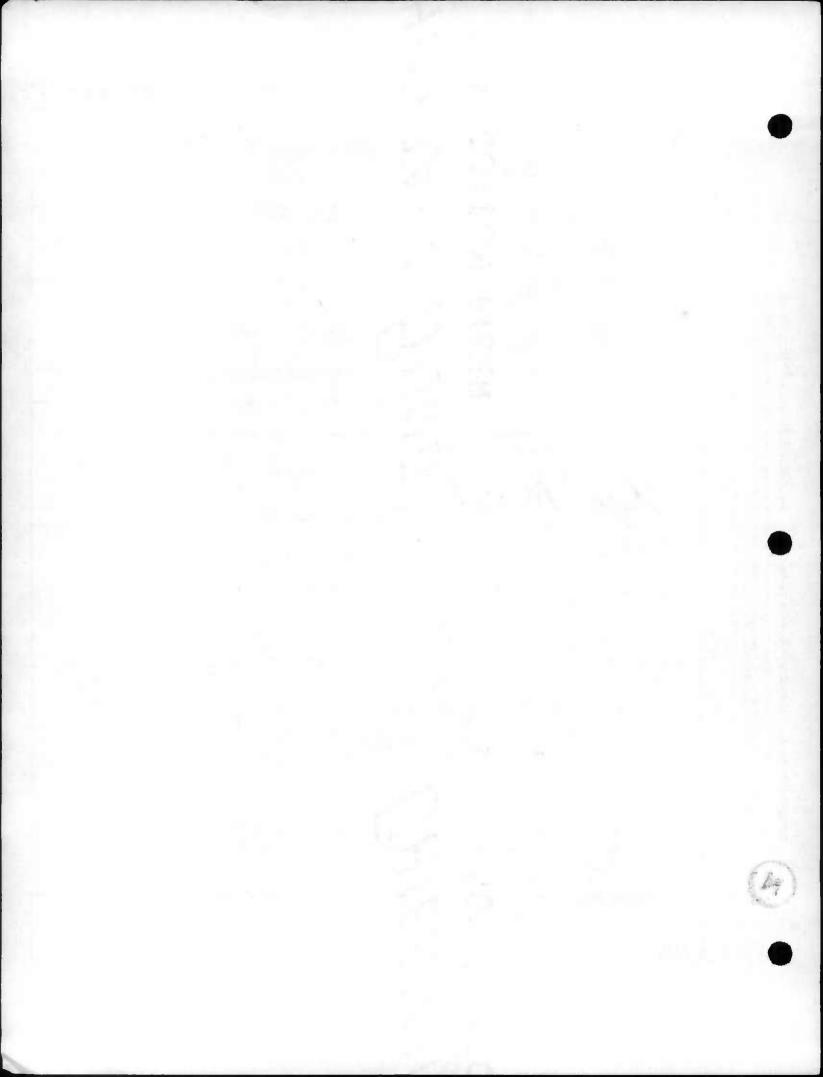


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A 72 hours after death with the State Dept. of Health and Mental Hygie	NT: If Item 28 is marked, or item 23 shows any injury, or of	
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	RTMEN	T OF H	HEALTH	AND	MENTAL HYGII			22/10	
	1. DECEDENT'S NAME (First, Middle John	Andrew	ALLIS		S		DEA	In	PEG. N 2. DATE OF DEATH MONTH August	14,19	O YEAR	3. TIME OF DEATH 3:15 a	
	4. SOCIAL SECURITY NUMBER 218-09-0267	5. SEX 1 M 2 F	8. AGE (In yrs. Ia:		IF UNDER		IF UNDE	R 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign	
OR	90. FACILITY NAME (If not institution FREDERICK ME	EMORIAL HOSP	ITAL		9b. CIT	EDE	PLOCAT CK	ON OF D		9c. COU		OF DEATH DERICK	
DIRECTOR		COUNTY FREDERICK		10c. CIT	y, town (DER						10d. INSIDE CITY LIMITS?	
FUNERAL	10a. STREET AND NUMBER 11224 ALTON ROAD 10f. ZIP COOE 21701 US.									1 YES 2 THO			
ВҰ	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	FORCES? 1	VEVER IN U.S. AR YES 2 1 AR OR DATES W II	RMED 13. WAS DECENDENT OF HISPANI If yes, specify cuban, Mexican 1 VES 2 NO Specify:					NIC ORIGIN? (Specify Yes or No- 14. R/			- American Indian, White, atc.	
APLETED	15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	"S EDUCATION st grade completed) College (1-4 or 5	(G life.	CEDENT'S live kind of a Do NOT us ARPEN	work done : se retired.)	during mo	st of worki	-	166. KIND OF E	USINESS/IND			
BE COMPL	17. FATHER'S NAME (First, Middle, L CLAUDE M. ALI						1a. MOT	PA	ME (First, Middle, Maidle)	on Sumame)	2		
TO B	190. INFORMANT'S NAME (Type/Prin. VIRGINIA AL		194	SAM	ADDRESS E AS	(Street a	nd Number	or Rural	Route Number, City or T	own, State, Zip	Code)		
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 4 Donation 5 Other (Specific	y)	20b. PLACE A cemetery, cre PARKI	matory or o	ther place)					OCKVIL			
	21. SIGNATURE OF FUNERAL SERV	CICE LICENSEE	Berg	lun	22. M	URIE	EL H.	BAI		RAL HO	ME	20882	
	23. PART I. Enter the disease shock, or heart fe IMMEDIATE CAUSE (Finel disease or condition resulting in death)	niore. List only one ceu	se on each line		not enter	the mo-	de of dy	ng, suc	PULMONAR	piratory arr	est,	Approximate Interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	OR AS A CONSEC			NOS	SARY	VAS	CULAR D	isens e			
MEDICAL	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PERFORMED? 1 YES 2 THO									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	lr			eck only one)				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investig	28a. DATE OF (Month, De	INJURY	28b. TIMI	E OF	28c. INJU	JRY AT		8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	URED		
ETED B	3 Suicide a Could n 4 Homicide detarmin	28a. PLACE Of	INJURY — At her	me, farm, a	treet, facto	ory, office			281. LOCATION (Street City or Town, State	and Number	or Rural Ro	rute Number,	
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING 2 MEDICAL EX	PHYSICIAN: To the beat of ax	my knowledga, dea	nth occurre	d at the ti	me, date	and place,	and dua	to the cause(a) and m	nner sa atate	ed.	and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CER	Huder	ner	w	~		29c. LICE		BER	29d. DATE	SIGNED (Month, Day, Year) 14, 1992	
-	30. NAME AND ADDRESS OF PERSON HU	on who completed caus indemer (XX, M.D.,	15 Eas	127) (Type, 5t F	red	erio	ck S	t.,	Walkers			MD 21793	
	31. DATE FILED (Month, Day, Year) AUG 17 1992	# 32. REGISTRAL	'S SIGNATURE	a.									

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	REGISTRAR 1. DECEDENT'S NAME	IE (First, Middle, Last)	2 1	C	- HIFIC	AIE OF	DEATH	2. DATE OF	DEATH	YEAR 3. TIM	AE OF OE
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	4. SOCIAL SECURITY 251-66-3	3007	5. SEX 1 M 2 F	6. AGE (In yrs. le:	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	(Month, De	6 40	6. BIRTHPLACE Country)	
œ	9a. FACILITY NAME (91		OR LOCATION OF	DEATH	9c. CO	UNTY OF DEATH	
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COMPL	17. FATHER'S NAME ((First, Middle, Lest)		Salar 1			16. MOTHER'S	NAME (First, Midd	le, Maiden Sumame))	_
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	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	March Funeral Home										
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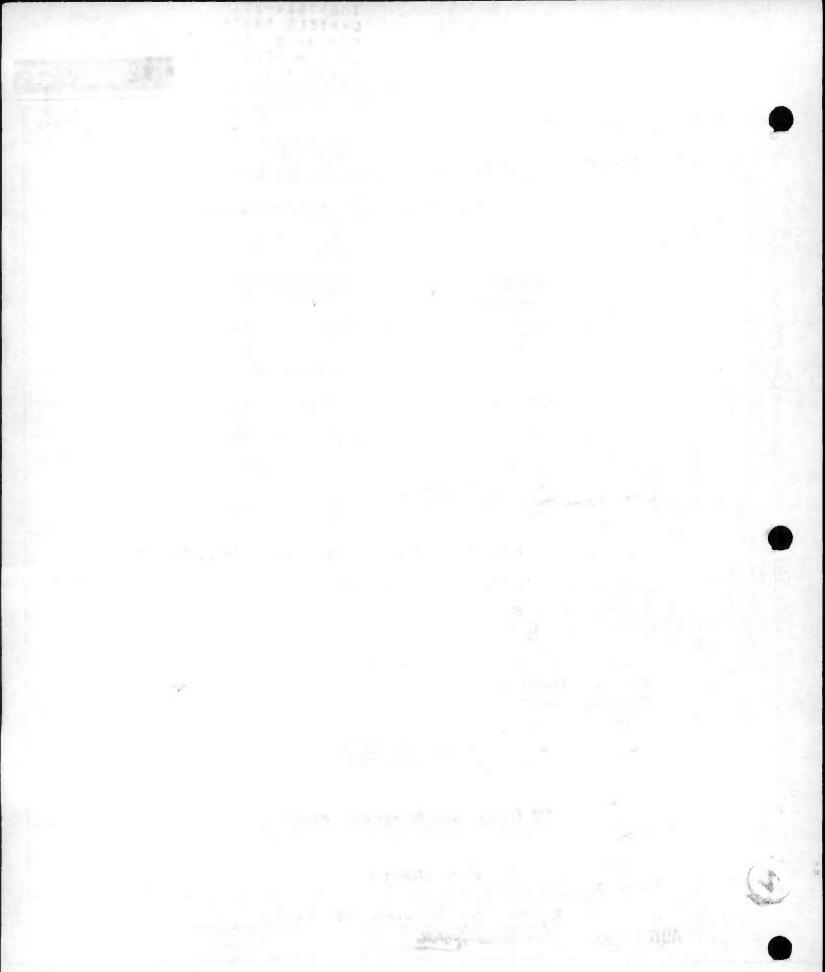
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d completely filled in by urial, cremation, or rem	i, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92-227/2

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAI	RTMENT	T OF H E OF	IEALTH DEAT	AND I		HYGIEN REG. NO.	E 92	-	127/2
	1. DECEDENT'S NAME (First, Middle, Last Martha A.	Doniels		rog water	T.U				2. DATE OF	DEATH	3 3	2	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/5-18-3795 98. FACILITY NAME (If not institution, give	5. SEX 1 M 2 F	6. AGE (In yrs. les 91	st birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.		BIRTH -1900	0.	BIRTN Country	Va.
TOR	Sinai Hospital	street end namosty				Balto		ON OF DE	АТН		9c. COUNTY	r OF DE	EATH
DIRECTOR	Md . 106. COUN	тү		10c. CIT	Y, TOWN O	alto.							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1611 N, Dukeland S					101	212	_				SA	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Nover Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO		If yes, sp	ENDENT Cooling Cube	F NISPAN In, Mexical Specify	IIC ORIGIN? (n, Puerto Ric	Specify Yea an, etc.)	or No- 14	RACE Black Specif	, White, etc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 5th	UCATION le completed) College (1-4 or 5 +	(G	CEDENT'S live kind of Do NOT u	work done	CCUPATIO during mo	ON st of workin	ng	16b, K	ND OF BUS	SINESS/INDUS	TRY	
ш	17. FATNER'S NAME (First, Middle, Lest) ISAAC COTE	Sr.	-1-				18. MOTI	HER'S NAI Mary	ME (First, Mid		sumame) les		
TO B	199. INFORMANT'S NAME (Type/Print) Alfred Malone 190. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code) 1611 N. Dukeland St. 21216												
1X Burnal 2 Cremation 3 Hemoval from State Cemetery, crematory or other place)							Balto.	on — City or Town, State Ito. County m3					
Ц	- Dlynie.	B. }	rcott			4300	ch Fur D Waba	sh Av	e.				
	23. PARTJI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, ocheert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Approximate interval Between Onset and Dasth Cause or condition resulting in death) Due to (or as a consequence of):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. COPO (backing IN)cess) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.												
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition Ancient Decubitus	emuch a	death but not r	esuiting	In the un	deriying	g cause g	jiven in I		PERFOR	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATN (Che	ck only one)			<u></u>	
	1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF (Month, Da	INJURY	26b. TIM		26c. INJU	URY AT		8 Other (S 28d. DESCR		JURY OCCUP	ED	
TED BY	2 Accident 3 Suicide 4 Nomicide Momicide Investigation Could not be detarmined	28e. PLACE OF building.	INJURY — At ho		street, fact	ory, office	mes 2		281. LOCATIO	ON (Street ar bwn, State)	nd Number or	Rurel Ro	outs Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	BICIAN: To the best of I	my knowledge, de	eth occurre	ed at the ti	me, data	and place,	and due				ouse(a)	and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE May K E . H	MM, prich	7	nem	•)	29c. LICE	NSE NUM	BER		29d. DATE S	GNEO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI	1 myrms		17 (Typo.		MD	21	23%	1				
	"AUG 17, 1992	guest Dunie	A PARAGE	4									



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LUK ALLENDING PHYSICIAN: THE Law requires man me dearn certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should	ante	1.23 shows any injury, or other traum
Ī	11.	E 6	-

92 22713 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)					-	2. DATE OF DEATH	му	3. TIME OF DEATH
	Thomas	Fra	ank		Detig		Aug. 14	. 1992	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less		IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)
	141-22-7999	1 M 2 F		63°.	BONTHS BAY	HOURS MIN.	Oct - 05	. 1928	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOCATION OF			TY OF DEATH
6	Franklin Squa	re Hosp.						P.	Itimore
딦	RESIDENCE OF DECEDENT 100. STATE 100. COUNT			100 CITY	TOWN OR LO	CATION			
DIRECTOR		Harford			Baltim				10d. INSIDE CITY LIMITS? 1 YES 2 NO
IAL	10e. STREET AND NUMBER					10f. ZIP CODE			EN OF WHAT COUNTRY?
FUNERAL	1905 Stevens					21040			J.S.A.
	11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	T EVER IN U.S. ARI	MED O	If yes,	specify Cuban, Mexic	ANIC ORIGIN? (Specify Yesen, Puerto Rican, etc.)	s or No-	14. RACE — American Indian, Black, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE	MAR OR DATES		1 🗆 Y	ES 2 NO Spec	lly:		Specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed	16e. DE0	CEDENT'S U	SUAL OCCUP	TION	16b. KIND OF BU	ISINESS/INDU	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Elementary/Secondary (0-12)	College (1-4 or 5	M4n	Do NOT use	retired.)	most of working		Statement of	4.6
MP		_		Super	renten	dent	Co	nstrut	ion
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, Malder	Surname)	
BE	Francis Nich	olas De	tig			Clara	Millice:	nt Ba	ker
0	TRE. INFO/IV ANT'S NAME (Type/Print)		196	. MAJLING /	ADDRESS (Stre	et and Number or Rura	Route Number, City or Tox	vn, State, Zip (Code)
-	April Detig					vens Dr.			Md 21040
	1 ☐ Burlat 2 Cremation 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	novel-from State	20b. PLACE A cemetery, crer	natory or oth	OISPOSITION or place)	Mount Car	OATE 20c. LO		ity or Town, State
	AT SIGNATURE OF FUNERAL SERVICE AS	CORSEE	2	I/A 6		AND ADDRESS OF F		1400	mor
9	And of	Dr. 6	note	15/1	7 5	ouda T w	Cohon E II	401 0	21231 Chester St.
	23. PART I. Enter the diseases, or	complications the	4		De	avia J. W	eber F.H.	401 8	chester St.
1	shock, or heart failure. IMMEDIATE CAUSE (Finel lisesse or condition resulting in death)	a. End Sta	use on each line.	nic Ol	bstruc		onary Dise		st, Approximate Interval Between Onset and Death
Sequentially list conditions, DUE TO (OR AS A CONSCOUENCE OF):									
cause. Enter UNDERLYING Remal failure									
H	CAUSE (Disease or Injury that initiated events resulting in death) LAST								
Ä	resoluting in dealth) EXST	d		-					
	PART II. Other significant condition	ns contributing to	deeth but not re	sulting in	the underly	ing cause given in			24b. WERE AUTOPSY FINDINGS
MEDICAL							PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä								XX	OF DEATH?
									10111111111
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (C	heck only one)		
SIC	1 TES 2 XXO	HOSPITAL:	ER/Outpatient 3		OTHER: Nursing H	ome 5 🗆 Rasidence	6 Other (Specify)		
PHYSICIAN:	27. MANNER OF OEATH	28e. OATE OF (Month, E		28b. TIME INJU	OF 28c.	NJURY AT	28d. DESCRIBE HOW	INJURY OCCU	REO
ВУ	1 Netural 5 Pending 2 Accident Investigation					YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE C building.	OF INJURY — At hor etc. (Specify)	ne, farm, str	reet, factory, of	fica	281. LOCATION (Street City or Town, State	and Number o	r Rural Route Number,
COMPLETED									
립							a to the cause(a) and me		
Š	one) 2 MEDICAL EXAMIN	ER: On the basis of a	xamination and/or le	rvestigation,	in my opinion	, death occured at th	e time, date and placa, a	nd due to the	cause(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE NU	MBER	29d. DATE	SIGNEO (Month, Day, Year)
	CHA M	-/	WAR.			n/a		Aug	ust 14, 1992
OB									
٥	30. NAME AND ADDRESS OF PERSON WH								
5	Jeffrey Jensen M.	D. 9100	Frankli			ive Bal	timore md		
DT.	- 11/1/	D. 9100	Frankli			ive Bal	timore md		

AUG 17 1332 July 5861 7 1 2014

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE CONTRIBUTION PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

HE CALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should make a few death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

THINKINE II them 28 is marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN		6 6 114			
	1. DECEDENT'S NAME (First, Middle, Lest)		<u> </u>	AIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH			
- 0	Margaret	C. Ed	dwards				YEAR				
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	ITHPLACE (State or Foreign			
	220-18-5920 9e. FACILITY NAME (If not institution, give s	1 □ M 2 🖫 F 74	± YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 4-5-18	Was	shington			
OR	8427 Old Harfo				imore	EATH	Balt;	imore			
DIRECTOR	100. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY			
		timore	Bal	Ltimore				LIMITS? 1 YES 2 YNO			
FUNERAL	100. STREET AND NUMBER 8427 Old Harfor	rd Rd		1	21234		1 to 10 to 2 to 1	F WHAT COUNTRY?			
JNE	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED			NIC ORIGIN? (Specify Yes	U.S.A.				
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, spe	2 NO Specif	in, Puerto Ricen, etc.)	Sp	ACE — American Indian, ack, White, etc. ecily:			
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	SUAL OCCUPATION	DN	16b. KIND OF BUS	I W I	nite			
COMPLETED	(Specify only highest grade	College (1-4 or 5+)	life. Do NOT use i		st of worldrig	7 1.7					
MP	12 yrs		Secre	tary				re Hospital			
	17. FATHER'S NAME (First, Middle, Lest) Clyde	Rice			Myfanw	ME (First, Middle, Meiden	Sumame) Thomas				
BE C	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO AL	DDRESS (Street a		Route Number, City or Tow					
٩	Gordon Edwards		10 Mul	berry l	Lane New	Freedom,	PA 27349	9			
	20e. METHOD OF DISPOSITION 1	oval from State 20b	PLACEANDDATEOF INTERPRETATION OF OTHER	DISPOSITION (Ne r place), ETVICE (med Corp.	0ATE 20c. LO 8-15 TOW	CATION — City or				
	21. SIGNATURE OF FUNERAL SERVICE LIC				D ADDRESS OF FA		3011/ 1141				
	1/ /	1/1		1	050 York	on Funeral Rd. Towso	n, Md.				
	IMMEDIATE CAUSE (Fine)	List only one cause on e	ech line,				ratory arrest,	Approximate interval Between Onset and Death			
	disease or condition resulting in death)	DUE TO (OR AS	nu/mon	ary	dues	t					
N	end stack ling cancer										
ATIC	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING A A A CONSCOUENCE OF):										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Out TO (OR AS A CONSEQUENCE OF): c. Out Stage Obstrutive(ve disease or injury that initiated events resulting in death) LAST b. Out TO (OR AS A CONSEQUENCE OF): c. Out OR AS A CONSEQUENCE OF): d.							16				
CEH		d									
AL	PART ii. Other algnificant condition	a contributing to death b	ut not resulting in	the underlying	cause given in	PERFOR	MED?	46. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
PHYSICIAN: MEDIC						1 YES 2	NO	OF DEATH?			
2						_		1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LICOSTITÀ I			ACE OF DEATH (Ch	eck only one)					
YSi	1 TES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outp		THER:	5 Residence	8 Other (Specify)					
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	RK?	28d. DESCRIBE HOW II	NJURY OCCURED				
) BY	2 Accident Investigation 3 Suicide 6 Could not be	260. PLACE OF INJURY	— At home, farm, stre	M 1 Y		281. LOCATION (Street a	and Number or Rura	If Route Number,			
Ĕ	4 Homicide determined	building, etc. (Spec	eny)			City or Town, State)					
COMPLETED		CIAN: To the best of my knowl R: On the basic of examination						ala) and manner as stated			
	296, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUR			ED (Month, Day, Year)			
38 C	Jerdia u	1 wal	den 1	no	D277	59	▶8//	3 /9 Z			
임	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	int)		9 /	-//	-			
	DR. Sandra Wald										
	AUG 1.7 1992	32. REGISTRAR'S SIGN	-								

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2. DATE OF DEATH

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1. DECEDENT'S NAME (First, Middle, Last)

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4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 214-36-859310M2 XIF 03/10/06 BOCK detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Stella Maris Hospice FUNERAL DIRECTOR Baltimore Towson RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION MD BALTO Towson 10f. ZIP CODE WHAT COUNTRY JOPPA 2120 W hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 if yes, specify Cyban, Mexican, 1 Never Married 2 Married ВУ 1 YES 2 NO Specify 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Assessments Office Baltimore County 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at William Frederick Ditzel Genevieve Ryan Mary n by the funeral director, page 5 should be removal. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Wm. Howard Foster, Sr. 10319 Greentop Road, Cockeysville, Maryland 21030 e 20s. METHOD OF DISPOSITION
1 St Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must corprospect Till Cemetery 8-19-92 Towson, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY · Wallace Ruck Towson Funeral Home, Inc. 5 1050 York Road, Towson, Md. 21204 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory, arrest, has been signed by the attending physician and completely filled in by Dept, of Health and Mental Hygiene prior to burlal, cremation, or remo shock, or heart fellure. List only one ceuse on each line papellary adviscarements.

CAUSE (Final ASC VD) Papellary adviscarements. IMMEDIATE CAUSE (Finel the disease or condition_ Varian executed within traumatic event, resulting in death) OUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury requires that the death certificate be other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 23 shows any injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY OH ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) Hem HAL DIFFECTOR: After this certificate 72 hours after death with the State HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: Hospice 1 YES 2 NO 4 - Nursing Home 5 - Reside a Cher (Specify) marked, or 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 3 Suicide ETED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 8 Could not be 4 Homicide 22 determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL MPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) a La_ D 27087 8 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Carla S. Alexander, M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204

32. PEGISTRAR'S SANATURE

31. DATE FILED (Month, Day, Year)

1992

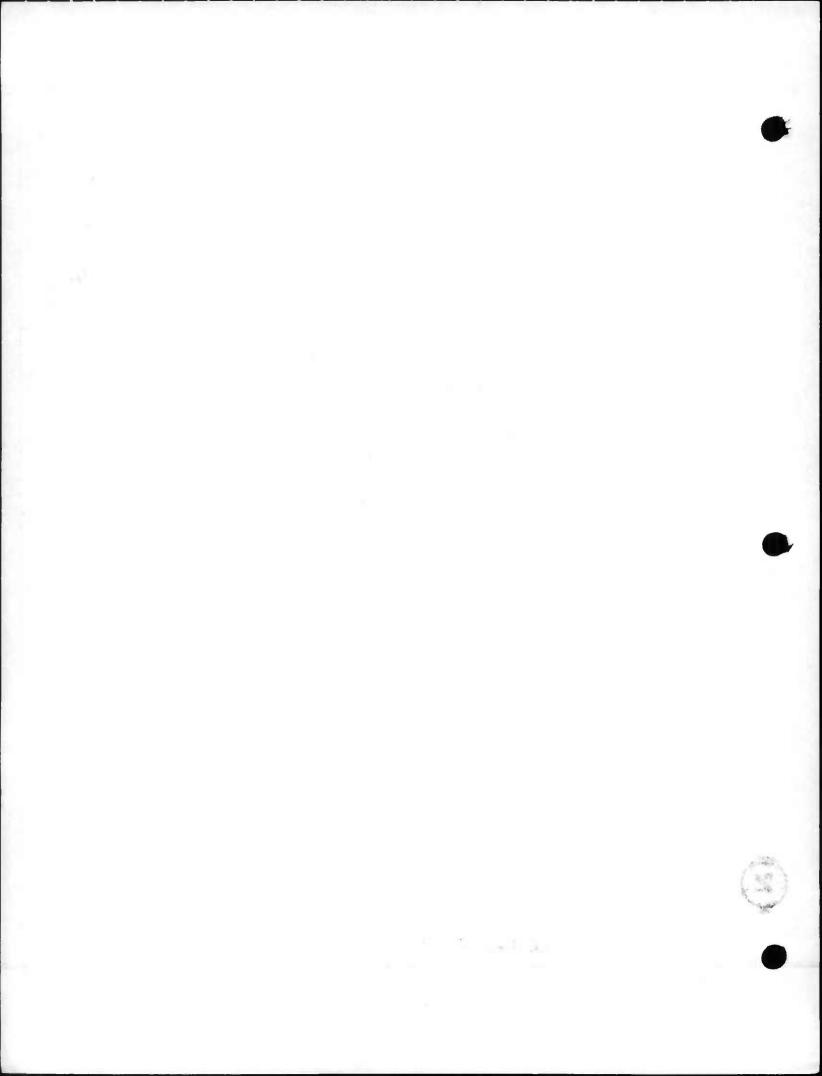
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

D. FOSTER

ELIZABETH

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and completely filled burial, cremation,

use as the burial-transit permit. Pages 1, 2, 3 should

MANAGE OF VITAL RECORDS, P.O. BOX 68/60,
TO THE HOSPITAL STEER NEWS PHYSICIAN. The law impulms that the death certificate be executed within 2
TO THE FUNERAL DIFFCTOR. After this certificate has been signed by the attending physician and completely (
be filed within 72 must after ceath with the State Dept. of Health and Mental Hygiene prior to burial, crematic
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, th

92 22716 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH 12,1992 AUGUST YEAR HAZEL C. FOGLE 7:40 P. 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIFTTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 - M X X F 118-07-6155 1914 JULY 16. NEW YORK 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR LORIEN NURSING HOME COLUMBIA HOWARD RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HOWARD COLUMBIA 1 YES 2 KNO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY 9313 PILAR COURT 21045 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XX NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES X 1 Never Married 2 Married 1 YES XX NO Specify: BY XX Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 SECRETARY WALTER REED HOSPITAL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at IRVING HENRY SCHUMM ELIZABETH M. ZIBURSKE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 HOLLY WILSON (DAUGHTER) 9313 PILAR COURT, COLUMBIA MARYLAND 21045 pe 20a. METHOD OF DISPOSITION

KIXBurlel 2 Gremation 3 Gren 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must STONE WALL MEMORIAL GARDENS 8/15/92 4 ☐ Donation 5 ☐ Other (Specify) MANASSAS, VIRGINIA 21. SIGNATURE OF FUNCTIAL SERVICE LICENS examiner 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES usselle 5555 TWIN KNOLLS ROAD, COLUMBIA, medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between **IMMEDIATE CAUSE (Fine) Onset and Death** traumatic event, the disease or condition_ resulting in death) lementra CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL llem. 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES AND NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked. 1 Natural 5 Pending Investigation 34 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Trum, State) COMPLETED 6 Could not be item 28 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, de occured at the time, date and place, and due to the cause(a) and manner as stated. BE Colculeda 1/3/52 Ke 131575 8 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE

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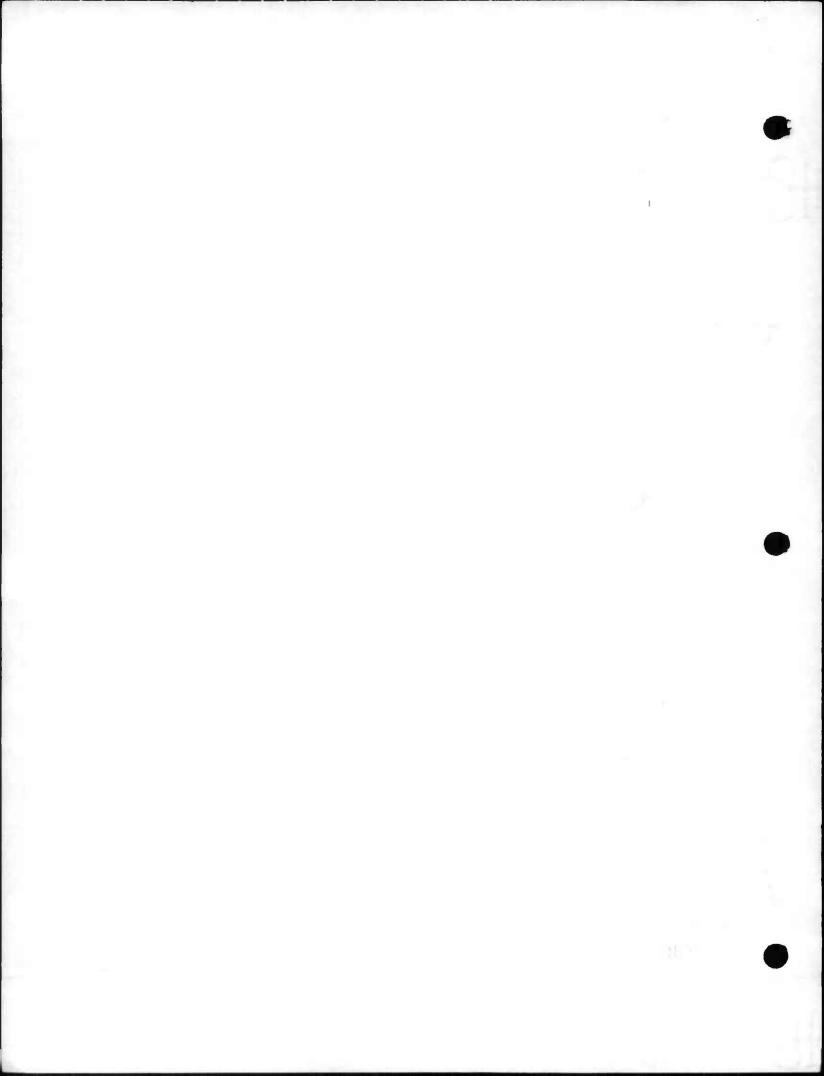
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TINDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit		
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be retained t	ige 5 should		e notified
Раде 6 тау	al director, pa		iner must t
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within 24 hou	spletely filled i	cremation, or	rent, the m
be executed	ician and com	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	raumatic en
ath certificate	ttending phys	tal Hygiene pr	, or other i
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The law requir	e has been si	te Dept. of He	m 23 show
PHYSICIAN: 1	this certificat	with the Star	rked, or ite
PILLENDING	TOR: After	death	Me is ma

	1. DECEDENT'S NAME (First	t, Middle, Last) ELIZA	BETH R	OSEANNE	G	AMBL	E			2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH 8:15 A
	4. SOCIAL SECURITY NUM 213-32-182	BER	5. SEX	8. AGE (In yrs. k		IF UNDE		IF UNDER	24 HRS.		OF BIRTH Day, Year)	1916	Count	HPLACE (State or Foreign
TOR	90. FACILITY NAME (# not JOSEPH RIT	CHIE H					LTIM	ORE	ON OF DE				UNTY OF C	
DIRECTOR	106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION BALTIMORE BALTIMORE													10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	904 ELMRID		NUE			-		1229	E			10g. cr		WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Nidowed 4 1 Div		12. WAS DECEDED FORCES? 1 IF YES, GIVE V	YES 2	PMED	13.	If yes, sp		n, Mexica	n, Puerto I	7 (Specify Y ticen, etc.)	es or No-	14. RAC Glac Spec	E — American Indian, ck, White, etc.
COMPLETED	(Specify or Elementary/Secondary 9TH		ICATION e completed) College (1-4 or 6	+)	DECEDENT'S 'Give kind of fe. Do NOT u	work done se retired.)	CCUPATIO during mo	ON st of workin	יטי		KIND OF B		IDUSTRY	
BE CO	17. FATHER'S NAME (First, I WILLIAM M. 19a. INFORMANT'S NAME	TUCK	ER				. 10:	MA	RGAR	ET E	Aiddle, Maide	ETH	MILL	ER
2	GARY G. DO	WNS			904	ELMR	IDGE	AVE			CIMOR	E, MD	21	229
	20a. METHOD OF DISPOSI 1 Burlel 2 Cremet 4 Donation 6 Other 21. SIGNATURE OF FUNER	r (Specify)			O CRE	MATO	RY	me of		8-1		CTIMO		
	> m. 7	bal	Colone			H 4	UBBA 107	RD F	UNER ENS	AL HO		IMORE		21229
	23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fi disease or condition resulting in death)	heart fallura.	complications the List only one can a	use on each lin	10.									Approximata interval Between Onset and Death
CERTIFICATION	Sequentielly list condi if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA:	ring ury	c	(OR AS A CONS				-						
PHYSICIAN: MEDICAL C	PART II. Other signific		ne contributing to		resulting		nderlying 7	DIS-	eqs	Part I.		N AUTOPSY DRMED?	241	MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
SICIAN	25. WAS CASE REFERRED EXAMINER? 1 YES 2 YO	TO MEDICAL	HOSPITAL:	ER/Outpatient	3 □ DOA	OTHE 4 No	R:	ACE OF D		eck only on		Has	0.16	. 0
ву РНУ	27. MANNER OF DEATH 1 Natural 6 2 Accident	INJURY Day, Year)	26b. Till IN.		28c. INJ WO			eX Other (Specify) HOSPICE 28d. DESCRIBE HOW INJURY OCCURED						
COMPLETED	3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE (building.	OF INJURY — A1 I atc. (Specify)	nome, farm,	street, 1ac	tory, offic				ATION (Street or Town, State		er or Rural	Route Number,
MPL			ICIAN: To the best of a											e) and manner as stated.
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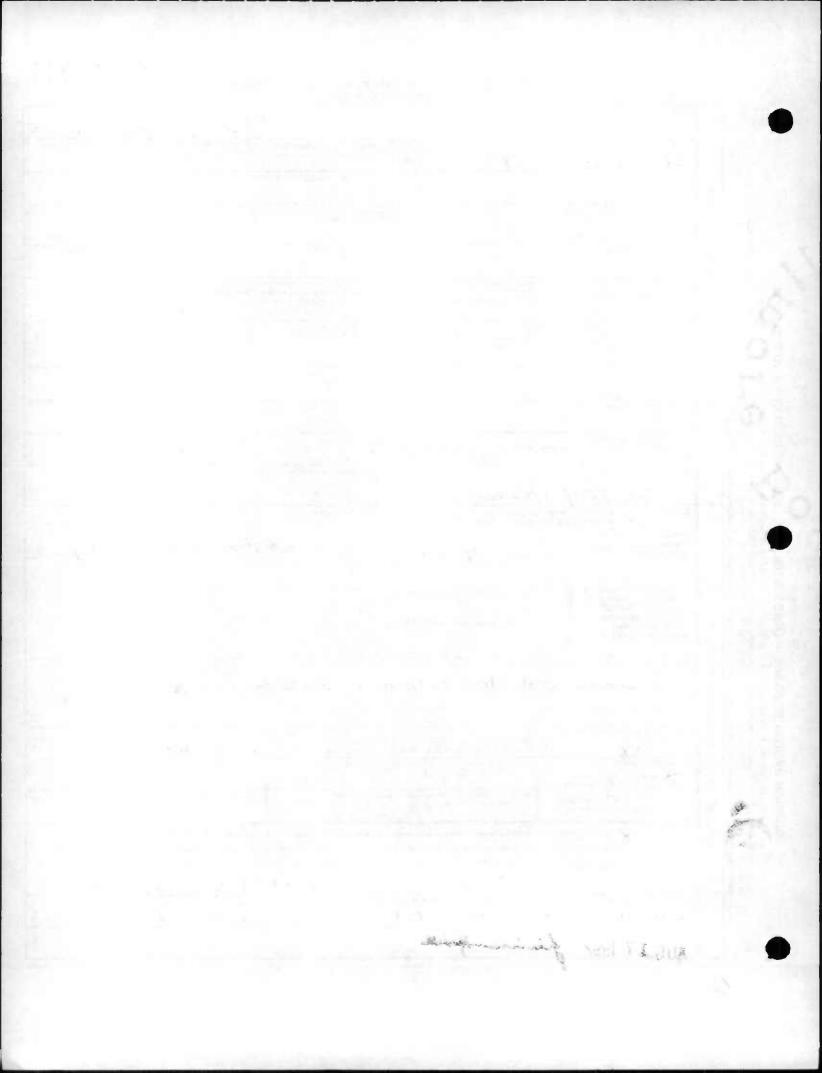
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician:	URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pours after death with the State Dept. of Health and Mental Hygiene prior to burial, crementen, or removal.	lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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PORTANT:

31. DATE FILED (Month, Day,

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DAVID

1992

32. REGISTRAR'S SIGNATURE

DIRECTOR: After the hours after death v

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IVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should

t permit.

BALTIMORE, MARYLAND 21215-0020

RELEASED AS NON MED PER MR. HENRY/DR CHUTE OF MEDICAL EXAMINER'S OFFICE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) CHARLIE 2. DATE OF DEATH 1992 hale AUGUST 10, 4 SR. 12:41 Am 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTN IF UNDER 24 HRS. 8, BIRTHPLACE (State or Foreign S.C. DAYS Month Pay. Man **HOURS** 1 X M 2 - F 90 215-05-7707 YRS. Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD YES 2 NO Baltimore FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1241 E. Lanvale St. 21202 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married ВУ IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Sumpter Herbert Dilsie 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2508 Wildpark Ave./Baltimore, MD 21234 Charles Herbert Jr. 20a, METHOD OF DISPOSITION

1 Derivation | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Deliver | Del 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State MOTONATIONAL MEM. PARK Laurel, MD \$1. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY C. MARCH F.H./1101 E. NORTH AVE 23. PART I. Enter the diseases, of complications that caused the desth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximats shock, or heart failure. List only one ceuse on each line. interval Batwe IMMEDIATE CAUSE (Final Onset and Death disease or condition Cespiration resulting in death) DUE TO (OR AS A CONSEQUENCE OF) and los CERTIFICATION Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1 | YES 2 | NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 10/92 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 1 SEPTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 20 2

fulic Seviden Andrea

DHMH-18 Rev 1/89

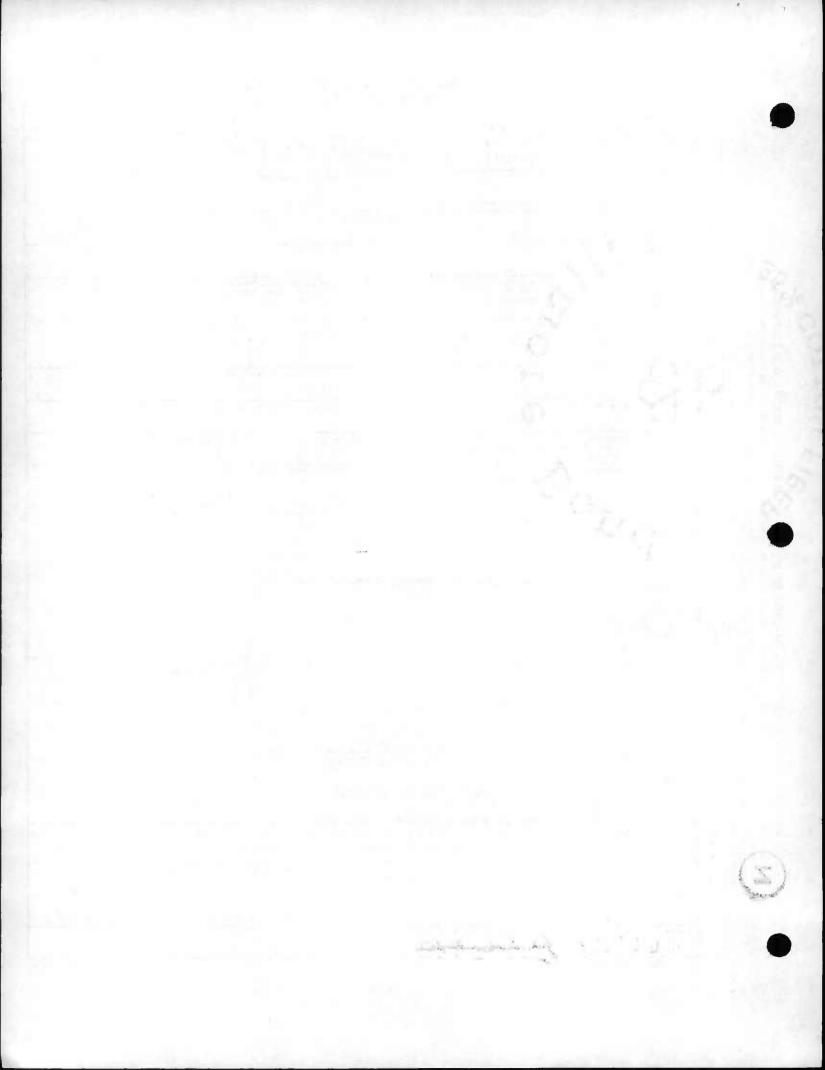
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	HEGISTHAN		CER	HIFICA	E OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las	Hunt	Jr.				MON		ž /	9 92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birt	hday) IF UNI	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		-	PLACE (State or Foreign
	214-50-2035	1 M 2 - F	44.	PRS. MONTH	B DAYS	HOURS MIN.		12 - 48		M D	
	9a. FACILITY NAME (If not institution, give	re street and number)		9b. C	TY, TOWN	OR LOCATION OF D		12-40		TY OF D	EATN
OR	University Ho	spital		Ва	1 t i m	ore					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY		e. CITY, TOW	V OB LOCA	TION					
	MD			Balti		IION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	100. STREET AND NUMBER			4101		f. ZIP CODE			10g. CITIZ	ZEN OF W	HAT COUNTRY?
ER.	2605 E. Hoffm			2	1213			U.S	. A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	MED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No. 14. RACE - Ame						- 1	
ED	15. DECEDENT'S E (Specify only highest gro		16a. DECED	ENT'S USUAL	OCCUPATION	ON	168	b. KIND OF BUS	SINESS/IND	USTRY	7
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	.Ille. Do	nd of work done during most of working IOT use retired.)							
COMPL	10th		Disat	oled							
BE CO	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			Surname)		
	James Hunt S				Arizon						
2	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
	Arizona Evans 2605 E. Hoffman St./Baltimore, MD										
	20g. METNOD OF DISPOSITION 1 Disposition 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Company of participation of Company of participation of Company of participation of Company of participation of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of the product of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	WM C. MARCH F.H./1101 E. NORT										RTH AVE.
	23. PART I. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE (Final disease or condition recuiting in death)	e. List Dnly one cause of	n eech line.							est,	Approximate Interval Between Onset and Deatl
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	ny, leading to immediate se. Enter UNDERLYING ISSE (Disease or Injury Initiated eventa DUE TO (OR AS A CONSEQUENCE OF):									
EDICAL CERTII	PART II. Other algoriticant condition	d do	h but not resul	out not resulting in the underlying ceuee given in Pr					PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PHYSICIAN: MEI										1 YES 2 NO	
SIC	EXAMINER?	HOSPITAL:	Outpatient 3 🗆 n	OTH	ER:	ACE OF DEATH (Cr		_			
H	27. MANNER OF DEATN	28a. DATE OF INJUR	RY 28	b. TIME OF	20c. INJ	URY AT	_	SCRIBE HOW II	NJURY OCC	URED	
ВУР	1 Natural 5 Pending Investigation	(Month, Day, Yee	17)	MJURY M		PRK? YES 2 NO					
ETED B	4 Accident Investigation 3 Suicide S Could not be 4 Nomicide determined	28e. PLACE OF INJU	JRY At home, t Specify)	te, term, atreat, factory, office 2ef. LOCATION (Street and Number or Rural R City or Town, State)				or Rurel R	oute Number,		
ių	no occurrent										

e of DEATH (ITEM 27) (Type, Print)

an 13703 Lord Sterling Pi. Upper Malborogh MD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTENT If them 28 is meritard as them 22 shows any internal and an additional assemblance assembled as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as assisted as as as as as as as as as as as as as
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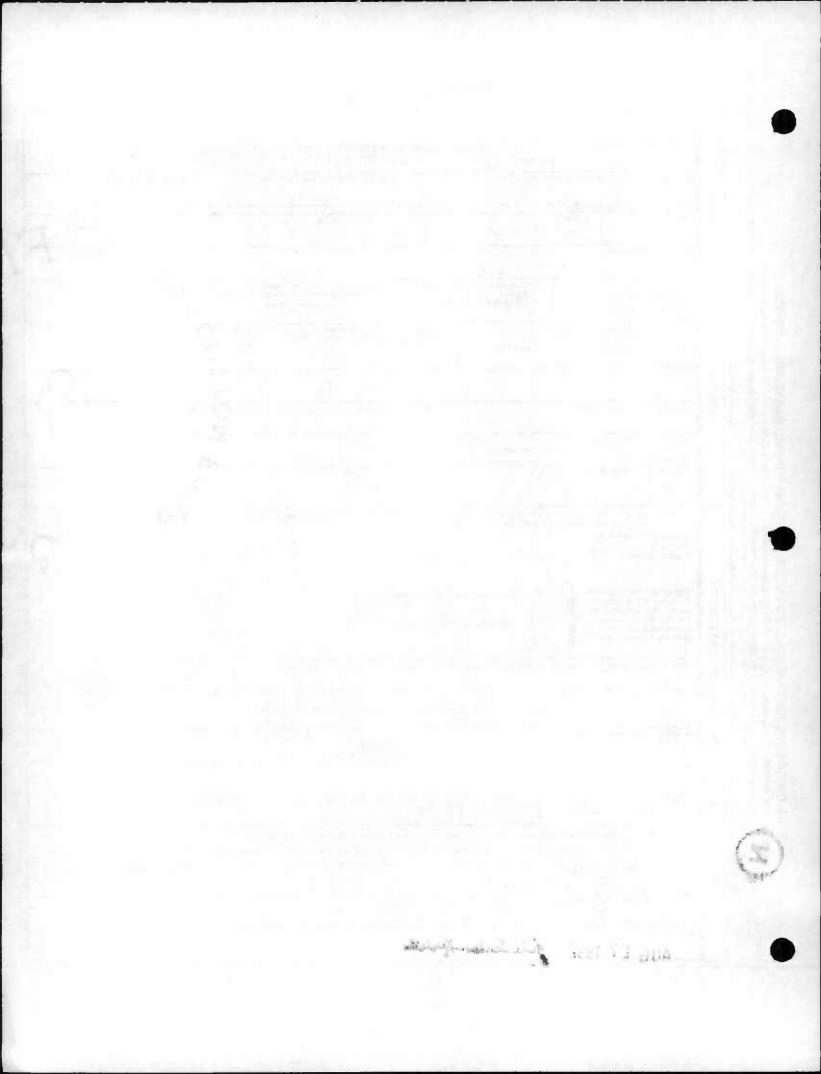
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	1 - FOR STATE REGISTRAR	STATE OF I				HEALTH AN		TAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Les	st)					2. DA	ATE OF DEATH	AY	YEAR	3. TIME OF DEATH	
	Robert Tr	rumbull Har				-	8		11	92	,	
		S. SEX	6. AGE (In yrs. Is	ast birthday) YRS.	MONTHS DAY		(0.4	TE OF BIRTH lorith, Day, Year)		6. BIRTHP Country)	LACE (State or Foreign	
	150-24-6379 Pa. FACILITY NAME (If not institution, giv		60		9b. CITY. TOW	N OR LOCATION O		12/10/3		New NTY OF DEA	York , Cit	
DIRECTOR	2747 Greene Lar				Bald		, ocarr			rford		
E E	10a. STATE 10b. COUL			10c. CIT	TY, TOWN OR LO	CATION				- 1	Od. INSIDE CITY	
	Maryland H	Harford		I	Baldwin						LIMITS?	
A	10e. STREET AND NUMBER					101. ZIP CODE			10g. CIT	IZEN OF WI	AT COUNTRY?	
FUNERAL	2747 Greene Lane					21013	3		υ.	S.A.		
2	11. MARITAL STATUS 1 Never Married 2 Married		YES 2	RMED NO	If yes	DECENDENT OF HI apacify Cuban, Ma	exican, Puer		s or No-	14. RACE - Black,	American Indian, White, etc.	
Ä	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES Korean		1 []	res 2 🙀 NO S	pecify:			Specify:	hite	
COMPLETED	15. DECEDENT'S EI (Specify only highest gri	DUCATION ofe completed	18a, D	ECEDENT'S	USUAL OCCUP	ATION	- 1	16b. KIND OF BU	SINESS/INC		III Ce	
9	Elementary/Secondary (0-12)	College (1-4 or 5	+)	e. Do NOT u	work done during se retired.)	most or working						
Ž		4		Sport	s Writ			wark N		tar I	edger	
	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S	S NAME (Fire	st, Middle, Maiden	Surname)			
H	Caleb A. 19a. INFORMANT'S NAME (Type/Print)	Harding	-	Ob MAII IN	Annese (o-	Emi et and Number or R	lie	B. Bui				
2	Frances D. Hardi			SOL MAILING			IURI HOUR N	umber, City or low	m, Statu, Zu	Code)		
	20a. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	Same a		D	ATE 20c. LO	CATION —	City or Tow	n. State	
3	1 Burtal 2 Secremetton 3 Re 4 Donation 5 Other (Specify)	emoval from State	cemetery, c			Corp. 8	1 / 1 / 1 / 0	2 Tows	con	ма		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		Mary L		AND ADDRESS O						
					Pro-	le Marra en	. D	1050			21204	
	Ruck Towson Funeral Home, Inc. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final	e. List only one car	use on each lin	10.							Interval Between Onset and Death	
	disease or condition resulting in death)	. Ren	al tai	luve								
	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO	OR AS A CONSE	OUENCE D	ne ou	Λ					1 years	
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	e.										
	that initiated events	DUE TO	(OR AS A CONSE	EQUENCE O	F):							
Ä	resulting in death) LAST	d										
- II	PART II. Other significant conditi	ons contributing to	death but not	resulting	in the underly	ring cause giver	n in Part I.	24a. WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS	
MEDICAL	Concestive	cardio		ath	4			PERFOR		(MAILABLE PRIOR TO COMPLETION OF CAUSE	
NE NE					7			1 1 123	E NO		F DEATH?	
							_				5	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH	(Check only	one)				
2	1 YES 2 #10	1 Inpatient 2				iome 5 - Tesider						
	27. MANNER OF DEATH 1 ☑ Netural 5 ☑ Pending	28a. DATE OF (Month, D		28b. TIN		INJURY AT WORK?		DESCRIBE HOW I	NJURY OC	CURED		
É	2 Accident Investigation 3 Suicide a Could not be	28a PLACE C	OF INJURY — At h	ome, farm,		YES 2 NO		OCATION (Street	and Number	or Bural Box	da Mumber	
3	4 Homicide 8 Could not b	building,	etc. (Specify)				C	ity or Yown, State)		or ribrar ribr	ne rumbe,	
COMPLE	29s. CERTIFIER 1 CERTIFYING PN	/SICIAN: To the best of	my knowledge, d	leath occum	ad at the time of	els and place, and	due to the	Councie) and ma				
Ē		NER: On the basis of s									and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIF					29c. LICENSE		-			Aprith, Day, Year)	
100	(a.0) 7	2	Co			0:	206	88	•	8/111	92	
2	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAU	SE OF DEATH (IT	ЕМ 27) (Туре	, Print)	1 1/2		3 0		0///	-	
	Carl Friedma		660 Ken	nilwo	orth Dr	. 212	204_					
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	L					_			
	AUG 1 1992		•									
2	0+1										DHMH-16 Rev 1/8	
7	0 . /											

FOR STATE REGISTRAR

DHMH-18 Rev 1/89

1 3	1. DECEDENT'S NAME (FIRST, MIGGIE, LAST,			JC	RDON		2. DATE OF I	DAY	YEAR	. TIME OF DEATN		
	Willie 4. SOCIAL SECURITY NUMBER	Arthu			rdan		08			9:50 P. M		
			B. AGE (In yrs. lest bi	MONT	HOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E (Month, De	HRTH y, Vbar)	6. BIRTNPL Country)	ACE (State or Foreign		
	422-64-3219	1XXM 2 □ F	44	YRS.			7-25	-48	AL	ABAMA		
00	Ba. FACILITY NAME (If not institution, give			9b.	CITY, TOWN	OR LOCATION OF D	EATH	9c. COU	NTY OF DEA	тн		
DIRECTOR	2238 E. Chase Street Baltimore City											
S S	10e. STATE 10b. COUNT	TY	1	loc. CITY, TO	WN OR LOCA	TION			1	Od. INSIDE CITY		
1 %	MD			BALT	IMOR	E				LIMITS?		
	10e. STREET AND NUMBER				10	1. ZIP CODE		10a, CIT		AT COUNTRY?		
18	1619 N. AISQU	IITH STRE	ET			21202		- 77	.S.A			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARME	0	13. WAS DEC	CENDENT OF NISPA	NIC ORIGIN? (S		14. RACE -	- American Indian		
IF YES GIVE WAS OR DATES												
	3 Widowed 4 Divorced					XX				BLACK		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	(Give)	kind of work o	AL OCCUPATE	ON ost of working	16b. KIN	D OF BUSINESS/INC				
l iii	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use retir	red.)							
₹ 5	12th		TRU	JCK D	RIVE							
	17. FATHER'S NAME (First, Middle, Last)							e, Maiden Sumeme)				
	VIRGIL GRIFFI	N				MARY B						
TO BE	19a, INFORMANT'S NAME (Type/Print)							ity or Town, State, Zip				
	ANNIE JORDON						ST./B	ALTIMOR				
	20a. METHOD OF DISPOSITION Burlal 2 Cremation 3 Rec	moval from State	20b. PLACE AND cemetery, cremet	DATE OF DIS	POSITION (No	ame of	DATE	20c. LOCATION				
	21. SIGNATURE OF FUNERAL SERVICE L	- / ·	CARROL	L ST		CEMETE		PIKE C	OUNT	Y, ALABAM		
	A STATE OF FOREIGN SERVICE D	AN				ND ADDRESS OF FA						
<u> </u>	1 When m	COSC)			WM.C	-MARCH	F.H./	1101 E.	NOR!	TH AVE.		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEDUE	INCE OF):	N WT), Own	COLTA	<i>SO</i>				
	PART II. Other aignificent condition	ns contributing to d	eath but not resu	uiting in the	underlyin	g cause given in	Part i. 24e	. WAS AN AUTOPSY		ERE AUTOPSY FINDINGS		
: MEDICAL							17	YES 2 NO	0	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?		
A	25. WAS CASE REFERRED TO MEDICAL				28. PI	ACE OF DEATH (Ch	ack only one)					
SICI/	EXAMINER?	HOSPITAL:	FB/Outpatient 3 🗆		HER:	s (V) Baddana	e 🗆 out 10-					
PHYSICIAN	27. MANNER OF DEATH	28e, DATE OF II	LJURY 2	8b. TIME OF	28c. INJ	IURY AT		E HOW INJURY OC	CURED			
Y P	1 Natural 5 Pending	(Month, Day 08/12/		• 43 P	M 1 🗆	YES 2 ND				shot Wound		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY - At home,	· · ·	fectory, offic		281. LOCATIO	N (Street and Number				
Ä	4 Homicide determined	building, el	tt. (Specify)	Porch	1		City or To	E. Chase				
LE	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of m	y knowledge deeth			and place and due		1		30		
COMPLETED	(Check only one) 2 MEDICAL EXAMIN									nd manner ee stated.		
BE C	296 SIGNATURE AND TITLE OF CERTIFIE	000				29c. LICENSE NUI	ABER .	29d. DAT	E SIGNED (M	lonth, Day, Year)		
TO B	1xm xt	BUL AT	M			O.C.M.E		▶ 0	8/13/	1992		
=	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27	7) (Type, Print)								
	MAKIOF GUL	BATR!	MV 111	Penn	Stree	t. Balti	more.	Marvland	2120	0.1		
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR	S SIGNATURE	2								
	AUG 1.7 1992	Julie Berry	Con Sanson									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has be hours after death with the State Dept.

	0		
SICIAIL.	s been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p		
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DIRECTOR

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PHYSICIAN: MEDICAL CERTIFICATION

r this certificate has h with the State De arked, or item 2

is marked,

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Item

BY

COMPLETED

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2

2 Accident

3 Suicide

22722 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH linson eanor AV 5. SEX 4. SOCIAL SECURITY NUMBER . AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 3 - 30 - 20 IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 66163 1 M 2 V F 212-20-5262 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Bon Secours HOSPITAL Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 940 Poplar Grove St. 21216 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 (NO Specify: 1 Never Married 2 Married
3 Widowed 4 Divorced IF YES, OIVE WAR OR DATES Black 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Sumame) Joseph Contee Alice Boston 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1903 W. Lanvale St./Baltimore, MD 21213 Hilda Sheppard 20e. METHOD OF DISPOSITION
1 🕅 Burlel 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State cometery, cremetory or other place. King Memorial Park Randallstown. 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY WM C. MARCH F.H./1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

ART II.	Other aignificant co	onditiona contri	buting to deeth but i	not reaulting	n the underlying	cause given	in Part i
	ser	ere	onte	Das	Har	tes	

24s. WAS AN AUTOPSY PERFORMED? 1 TES 2

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation

26. PLACE OF DEATN (Check only one) HOSPITAL:
17 Impetient 2 ER/Outpetient 3 DOA OTHER: 4 Nursing Nome 5 Residence 6 Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY

28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 6 Could not be 4 Homicide

CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. ND TITLE OF CERTIFIER

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	IEALTH AND	MENTAL HYGIEN		6	661	63
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEAT	гн
			NKOWIAK				.5	92	1:00	a.M
	4. SOCIAL SECURITY NUMBER 216-24-7868	1XXM 2 □ F 6		F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) FEB. 28, 1		Country	LACE (State or FO	oreign
DIRECTOR	98. FACILITY NAME (If not institution, give a CHURCH HOME &	ORPOBATION BORNERARES	X		MORE C		BALT		ORE CI	TY
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	7	10c. CIT	Y, TOWN OR LOCAL	TION				10d. INSIDE CITY	,
	Maryland Ha	rford Coun	ty Be	lair	. ZIP CODE		La amin		LIMITS?	
ER/	1417 Redfiel	d Road			21015	6	U.S		IAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 [X] YES IF YES, GIVE WAR OR D. 1948-195	U.S. ARMED 2 NO ATES	If yes, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes		14. RACE - American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a. DECEDENT'S	USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUS	TRY		-
5	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us							
COMPLETED	8th Grade 17. FATHER'S NAME (First, Middle, Lest)		Dockir	ng Pilo		Ship				
	Jacob Janko	wisk				ME (First, Middle, Maiden Makowie				
BE	19a. INFORMANT'S NAME (Type/Print)	Wian	19b. MAILING	ADDRESS (Street a		Route Number, City or Tow		ode)		
2	Stella Jankow	iak				Belair,			6	
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remains 5 Other (Specify)	oval from State cem	PLACE AND DATE O	OF DISPOSITION (No	me of		CATION - CIV	or Town	- Ctata	
	27 SIGNATURE OF FUNERAL SERVICE CO	ENSEE	2 0 0 11 140	22. NAME AN	ID ADDRESS OF FA	CILITY				
	m/4//)	bulle Cx	30			ber Fune ter St.				221
	23. PART I. Enter the diseases, or c	complications that caused List only one cause on a	tha death. Do n	ot antar the mo	da of dylng, suc	h as cardiac or respi	ratory arres	t,	MD 21:	
	MMEDIATE CAUSE (Final disease or condition	Λ		C+	1				Onset and	
V	reaulting in death)	oue to (or as a	CONSEQUENCE OF	y fai	Mre.				-	
N	Sequentially list conditions,	. chron	ic oboti	netire	lung	disease				. 1
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	ገ ፡	d					
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7):					†	
E	resulting in death) LAST	1								
AL C	PART II. Other significant conditions	s contributing to death be	it not resulting i	n the underlying	cause given in	Part I. 24s. WAS AN		24b. V	VERE AUTOPSY FI	NDINGS
5	Coronary onto	eny deseai	e, chr	one re	ralfail	PERFOR	IMED !	0	MAILABLE PRIOR * COMPLETION OF C OF DEATH?	
PHYSICIAN: MEDIC		9				_			YES 2	IQ_
AN	25. WAS CASE REFERRED TO MEDICAL				125 05 051711 101					
Sici	EXAMINER?	HOSPITAL:	etlant 3 🗆 DOA	OTHER:	ACE OF OEATH (Ch					
¥	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ		6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUR	IED		
BY	Netural 5 Pending Investigation			M 1 🗆 Y	ES 2 NO					
COMPLETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, s fy)	treet, factory, office		28t. LOCATION (Street a City or Town, State)	nd Number or i	Rural Roc	ite Number,	
2	29a. CERTIFIER (Check only	CIAN: To the best of my knowle	edge, death occurre	d at the time, data	and place, and due	to the cause(s) and man	ner as stated,		_	
Š		R: On the basis of examination						auso(a) a	nd manner as st	ated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	II. Con	har		29c. LICENSE NUN		29d. DATE SI	GNED (A	fonth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CATIGE OF OU	TH ATEM OF CO.	Or(nt)	D426	25	8	113	192	
	Hassan	-000		Print)	827 6	inden A	ve.	Bai	lto, h	70
	AUG 17 1992	32. REGISTRAR'S SIGN								

TO THE HOSPITAL OFFICE ANYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR As the standard has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

NOF VITAL RECORDS, P.O. BOX 68760,

1902 F 1902

	FOR
1 -	STATE REGISTRAR

	1 - STATE REGISTRAR	JINIE OF MA	KYLAND / DEPA CERTI	FICATE			MEM	REG. NO.	Ľ		the same of the same of
	1. OECEDENT'S NAME (First, Middle, Last)				-			ATE OF OEATH			3. TIME OF DEATH
	B. J.	Jacob	25					м 8 нтис	"13	92	5:20 1
			. AGE (In yrs. lest birthde) IF UNDER 1	YEAR	IF UNDER 24 HRS	7. D.	ATE OF BIRTH		8. BIRTHE	PLACE (State or Foreign
	250-20-5016	₩ 2 □ F	78 YRS	MONTHS	DAYS	HOURS MIN.		fonth, Day, Year) 2-13-13		Country	. C.
	9a. FACILITY NAME (If not institution, give atreet	end number)	Center	9b. CITY, 1	TOWN O	LOCATION OF			9c. COL	INTY OF OE	
DIRECTOR	Lorien Frankford Nu	rsing &	Rehab.	В	alti	Lmore (lity			N/A	
	10a. STATE 10b. COUNTY		10c. C	TTY, TOWN OR	LOCATI	ON					10d. INSIDE CITY
뚭	Md. N/	A		Balti	more	е					LIMITS? 1 TYES 2 NO
	10s. STREET AND NUMBER				10f.	ZIP CODE			10g. CI	IZEN OF W	HAT COUNTRY?
ER.	5009 Frankford Ave	Baltin	nore, Md.			21206			1	J. S.	A.
BY FUNERAL	11. MARITAL STATUS 12 1 ☐ Never Married 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	. WAS OECEDENT E FORCES? 1 _ IF YES, GIVE WAF	EVER IN U.S. ARMED YES 2 NO R OR DATES	H	yes, spe	INDENT OF HIS city Cuben, Mea 2 NO Spe	Ican, Pue	IIGIN? (Specify Yearto Ricen, etc.)	or No-	Black,	— American Indian, White, etc.
	15. DECEDENT'S EDUCATI	ON	16a. DECEDENT					16b. KIND OF BUS	BINESS/IN		
E	(Specify only highest grade com Elementary/Secondary (0-12) C	ollege (1-4 or 8+)	(Give kind life. Do NOI	of work done du ' use retired.)	iring mos	t of working					
릴	N/A	N/A	Ca	rpente	er			N	A		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18, MOTHER'S	NAME (F	rst, Middle, Meiden	Surneme)		
BE C	Barry A. Jacob	S					Mar	y Elizal	beth	Groo	ms
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS	(Street an	d Number or Ru	ral Route i	Yumber, City or Tow	n, State, Z	ip Code)	
۲	Billy S. Jacobs		2602	Marbo	urn	e Ave.	-Bal	timore,	Md.	2123	0
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Removal	from Rtate	20b. PLACE OF DISI							- City or Tox	
	4 Donation 6 Other (Specify)		Metro Cre							ore,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE		22. N	455Y	AODRESS OF	FACILITY	k Avenu	9		
	G. Truman Sch	wab						. 21229			
CERTIFICATION	shock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (O	P S S A CONSEQUENCE	ret OF):	d	eme	'n	tra			Interval Between Onset and Death
F	resulting in death) LAST										
	PART II. Other eignificant conditions o	ontributing to d	eath but not resulting	o In the und	leriving	cause alven	In Part	I. 24e. WAS AN	AllTOPSY	245	WERE AUTOPSY FINDINGS
CAL		illati		y iii tiio and	Julying	Dadoo giveii		PERFOR	RMED?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE
MED		orde						1 TYES 2	NO I		OF DEATH?
	20 1 510 6	11-6-61	1								1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	<u>urra</u>	rend	1-	26. PL	ACE OF DEATH	(Check or	1 Ny one)			
2	EXAMINER?	OSPITAL:	ER/Outpatient 3 🗆 DO/	OTHER	:						
PHYSICIAN:	27. MANNER OF OEATH	28e. DATE OF IN			28c, INJU	5 AT	_	Other (Specify) DESCRIBE HOW I	NJURY O	CCURED	
BY PI	1 Natural 6 Pending 2 Accident Investigation	(Month, Day,		INJURY M	WOI						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At home, fen tc. (Specify)	m, street, facto	ry, office	i:	26f.	LOCATION (Street City or Town, State)	and Numb	er or Rural R	oute Number,
COMPLETED	29a. CERTIFIER Check only one) 29a. CERTIFIER CERTIFYING PHYSICIAL EXAMINER: C										and menner as stated.
EC	29b. BIGNATURE AND TITLE OF CERTIFIER		2			29c. LICENSE	NUMBER		29d. DA	TE BIGNED	(Month, Day, Year)
00	Inn	-	5	-	2	- D4	193	55	•	8.13	3.92
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE	OF DEATH (ITEM 27)	ype, Print)	,	1	_4	1 /		•	
	Kebecca Eld	nmo	Johns	HOPE	ins	OPPIO	UNI	is Con	ter		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR									
	MIG 17 199	Julia	Davidson-Ran	dell							
		- 11	the street of the last								OHMH 18 Day 1/90

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a ster death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

OHMH-16 Rev 1/89

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	en signed of Health	
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

It item 28 is marked, or frem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

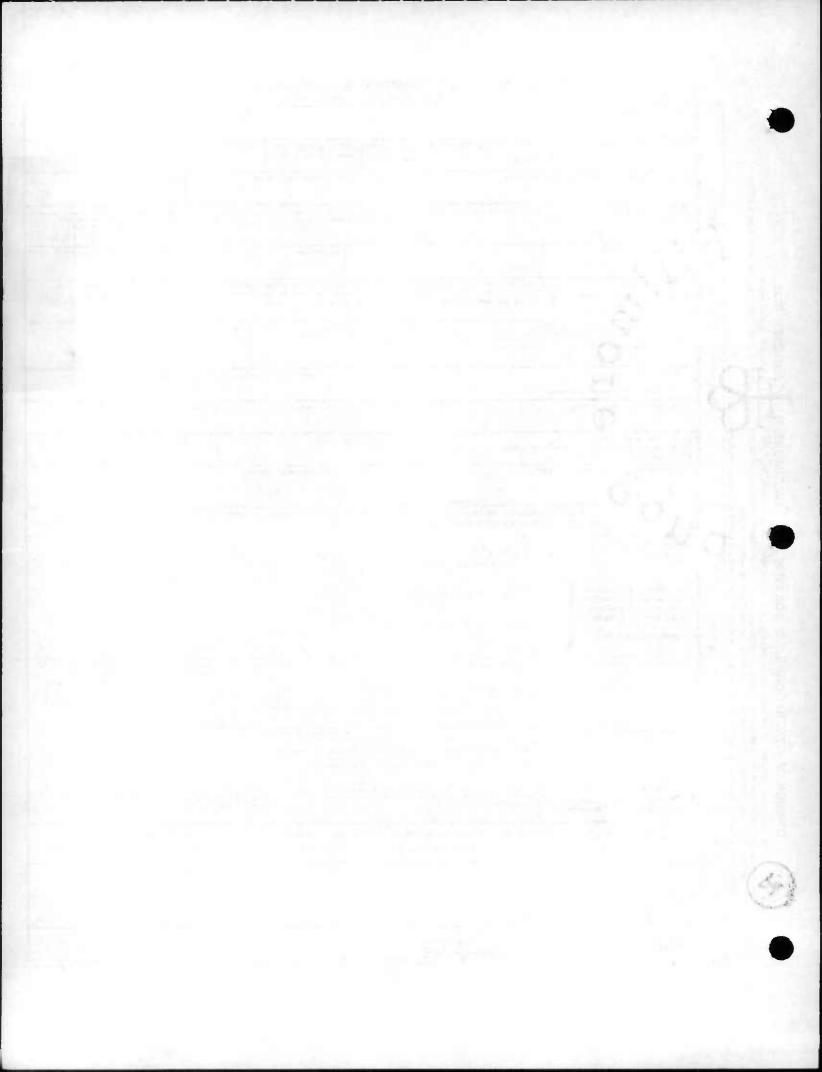
	THE GIOTTON'S			-111111	CAIL	OF	DEATH		HEG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)	PEUEDIEU 1	TAN V	F111/					OF OEATH	Y 100	CHEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	BEVERLEY J	GE (In yrs. lest						UST 13	, 199		830 D M
	215-30-8918		sie (in yrs. iasi 57		MONTHS 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	of BIRTH 10, Day, Year) -25-19	21	a. BIRTI	HPLACE (State or Foreign RY LAND
	9e. FACILITY NAME (If not institution, give st			_	96, CITY, T	OWN (OR LOCATION OF (- 23-17.	_	NTY OF C	
5	FRANCIS SCOTT K	CEY MEDICAL	CENT				TIMORE C			Ju. 000	WIT OF C	SEATH.
DIRECTOR	RESIDENCE OF DECEDENT		-	-11		J/ (L	T IMORE C	7 1 4				
	10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR	_						10d. INSIDE CITY LIMITS?
	MARYLAND BA	LTIMORE				_	UNDALK					1 TES 2 NO
MAL	7 LOMBARDY DRIV	i =				101	. ZIP CODE			10g. CITI		WHAT COUNTRY?
LONER	11. MARITAL STATUS	12 WAS DECEMENT EVE	DIMILO ADS	4ED	40.94	0.050	212					S.A.
	1 Never Married 2 Merried	FORCES? 1 VI	ES 2XXN	0	If y	ves, sp	ENDENT OF HISPA ecity Cuben, Mexic 2/XNO Spec	an, Puerto	Rican, atc.)	or No	Blac	E — Americen Indien, k, White, atc.
	3 Widowed 4 Divorced	ii TEG, GIVE WAN OF	DAILS		''	_ TES	ZALANU Speci	ny:			Spec	WHITE
3	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16e. DEC	EDENT'S U	ISUAL OCC	UPATIO	ON st of working	168	. KIND OF BUS	INESS/IND	USTRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Hfe.	Do NOT use	retired.)							
2	1 2TH GRADE 17. FATHER'S NAME (First, Middle, Last)	N/A	f	IOME I	MAKER	<u> </u>			HOI			
	CLAYTON EARL SM	ITIEV					18. MOTHER'S N.					
	190. INFORMANT'S NAME (Type/Print)	ILLY	404	MAUINO	LDDDFCO #		nd Number or Rural		PENCE			
2	WILLIAM R. KELL	V					RIVE B					01000
	20e. NETHOD OF DISPOSITION 1 Quriel 2 Cremetion 3 Remo		20b. PLACE A			_		OAT		CATION -		21222
	1 A Puriel 2 Cremetion 3 Remo	wal from State	HOLLY	gatory or oth	er place L	OR:	IAL 8-1	7+19	92 B	LTIN		
	21. SIGNATURE OF FUNERAL SERVICE LICE	IMEE)			22 MA	ME AL	ID ADDRESS OF S	OII ITY				
	1	/_			700	10 1	RUCK FUN VISE AVE	KILLE	HUME (It VU	INVAI	LK INC. 21222
	23. PART I. Enter the diseasea, or c	ompilcetione that caus	sed tha dec	th. Do no	t enter th	na mo	de of dying, au	ch ss cere	diac or reapi	ratory err	eat,	Approximate
	shock, or heart failure. L IMMEDIATE CAUSE (Finel	list only one cause or	n eech line.									Interval Between Onset and Death
	disease or condition reaulting in death)	. Unions	enia									12 1-1-1
		DUE TO (OR A	S A CONSEO	UENCE OF)				4				100
5	Sequentially list conditions,	Deffers	e b.	beter	al,	مد	Lance	con	mity	- acc	red	3 days
	if any, leading to immediate cause. Enter UNDERLYING				: /			1	J		/	0
	CAUSE (Disease or Injury thet initiated events	DUE TO (OR A	S A CONSEO	UENCE OF								40 yrs
	resulting in deeth) LAST			,								
	PART II Other significant conditions	· · · · · · · · · · · · · · · · · · ·	F. 4									
	PART II. Other significant conditions	contributing to death	but not re	suiting in	the unde	erlying	cause given in	Part I.	24a, WAS AN A		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								-	1 TYES 2	S/Ao		OF DEATH?
								_		,		1 TES 2 NO
	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF OEATH (C)	neck nak o	nel .			
5	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3		OTHER:		5 🗆 Residence					
	27. MANNER OF OEATH	28e. DATE OF INJUR	Y	28b. TIME	OF 28	c. INJI	JRY AT		CRIBE HOW IN	JURY OCC	UREO	
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year	"	INJUI		1 🔲 Y	ES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF INJU building, etc. (S)	RY — At horr	ne, ferm, str	eet, factory	, office		261. LOC	ATION (Street el or Town, Stete)	nd Number	or Rural F	Route Number,
	4 Homicide determined							,				
	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my kn	owledge, dear	th occurred	at the time	, date	end place, end due	to the cau	ise(e) end meni	nor ee atat	d.	
	one) 2 MEDICAL EXAMINER	: On the baels of examina	tion end/or In	vestigation,	In my opin	nion, de	eath occured at the	time, date	end place, and	due to the	e ceuse(e) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	0 1					29c. LICENSE NU	MBER	1.4	29d. DATE	SIGNED	(Month, Day, Year)
		· Pauly M					JAA	250	וייד כ	1 8	-13-	-92
	30. NAME ANO ADDRESS OF PERSON WHO										-	
	31. DATE FILEO (Month, Day, Year)		OU N.	Wol	te	2+.	Bruth	rore	5	1205	5	2
	AUG 17 1992	32. REGISTRAR'S SIG	The same	-								
	HIID L' IDUC A		•									

AUG 13 1997 June 1

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

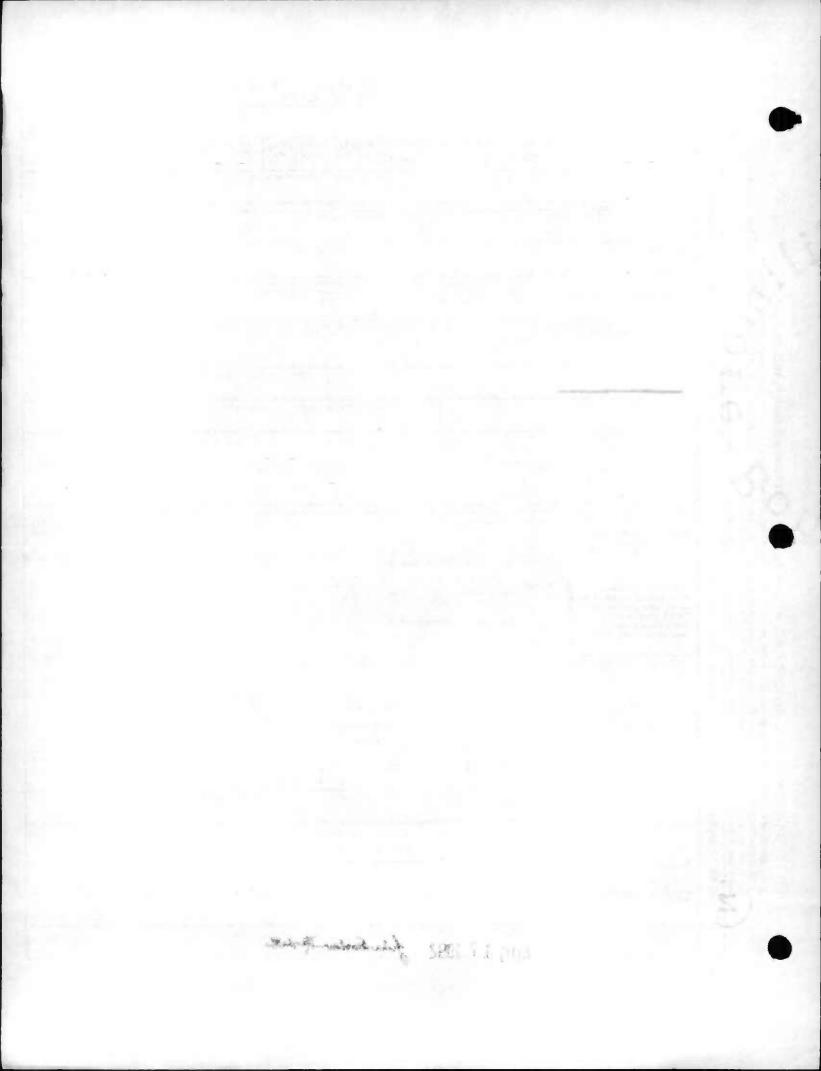
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

1. DECEDENT'S NAME (Firs									7				
TARATIO	t, MIOCINE, LIEST)	1							MONT		DAY	YEAR	3. TIME OF DEATH
JAMES 4. SOCIAL SECURITY NUM	BED	5. SEX	6. AGE (In yrs. I	foot bloth do d		-	YMAN		80		15		16:00 A
212-44-48		1 M 2 D F	72 - 33		IF UNDER	DAYS	IF UNDER	MIN.		OF BIRTH h, Day, Year)		6. BIRT	HPLACE (State or Foreign try)
			45	YRS.				1970	2	2	47		MD
9a. FACILITY NAME (If not i							OR LOCATI		EATH		9c. COL	INTY OF	DEATH
3700 GREENS	SPRING	AVE			BAL	TIM	ORE C	YTI					
RESIDENCE OF DE	r												
10a. STATE	10b. COUNTY	1			Y, TOWN								10d, INSIDE CITY LIMITS?
MD				8	BALT	IMO	RE						1 X YES 2 NO
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POUCHIE L	AYMAN										ALTO.		D 21211
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYLA		IENT OF HEALTH AN	ID MENTAL HYGIEN		
	DECEDENT'S NAME (First, Middle, Last)	AUDREY AIL	EEN LEITZ		2. DATE OF DEATH DATE AUGUST	12, 199	
	4. SOCIAL SECURITY NUMBER 220-12-5652	1 🗆 M 2 📈 🗸		UNDER 1 YEAR SF UNDER 24 H	rs. 7. DATE OF BIRTH (Month, Day, Year) 8-18-1920	C	IRTNPLACE (State or Foreign ountry) MARYLAND
TOR	9a. FACILITY NAME (If not institution, give single of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the		96	ROSEDALE		9c. COUNTY C	DE DEATH LTIMORE
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION ROSEDALE			10d. INSIDE CITY LIMITS? 1 YES 2 NOO
FUNERAL	1205 N. 63RD STR	EET		101. ZIP CODE	21237	10g. CITIZEN (U.S.A.
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF N	ISPANIC ORIGIN? (Specify Yes exican, Puerto Rican, etc.)		NACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		done during most of working tired.)	16b. KIND OF BU		WY .
OM	6TH GRADE 17. FATHER'S NAME (First, Middle, Lest)	N/A	STEE	LWORKER 10. MOTHER	S NAME (First, Middle, Maiden	EHEM STI	EEL
BE C	RAYMOND WHEELER	EDWARD LEITZ			TLE LEITCH	,	
2	19a. INFORMANT'S NAME (Type/Print)				Bural Route Number, City or Tow		
	DINAH KOLAR 20a, METHOD OF DISPOSITION	20b.	1205 N. PLACE AND DATE OF D	63RD STREET		CATION - City of	
	1 🖂 Buriel 2 🗆 Cremation 3 🗆 Remo	oval from State come	stary, crematory or other		1		E. MARYLAND
	21. SIGNATURE OF PUNERBL BERVICE LIC	ENGLE (M ZAWAY OC	22. NAME AND ADDRESS O	OF FACILITY		
	- ALAK				UNERAL HOME VENUE DUN		
CERTIFICATION	IMMEDIATE CAUSE (Finel	a. CAULO DUE TO (OR AS A DUE TO (OR AS A	ch lina.				Approximate Interval Between Onset and Death
	resulting in death) LAST	d					
PHYSICIAN: MEDICAL	PART II. Other algoliticant condition	s contributing to death bu	it not reaulting in t	na underlying cause give	n In Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		28. PLACE OF DEAT	H (Check only one)		
YSI	1 TYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe	tlant 3 DOA 4		nca 6 Other (Specify)		
ВУ РН	27. MANNER OF GEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	M 1 YES 2 NO			
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specif	(y)	r, ractory, office	28f. LOCATION (Street a City or Yown, State)	and Number or Ru	rel Route Number,
BE COMPLETED		CIAN: To the best of my knowle R: On the basis of axamination					ee(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	mude	dann	29c. LICENSE 02	7759	29d. DATE SIGN	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHI	Talden		" Park An	re, Bal	to a	11201
	31. DATE FILED (Month, Day, Year) 8/13/92	32. REGISTRAR'S SIGNA	392 ful	Landon Horde	g.		



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	23	Ξ

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH A		AL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DA	TE OF DEATH		3. TIME OF DEATH
		ge Loring			Ö	8 15	92"	8:30 P. M
	216 01 0100	6. AGE (1		F UNDER 1 YEAR IF UNDER 24 ONTHS DAYS HOURS 1	MIN. (Mo	E OF BIRTH onth, Day, Year) 2-17-16		BIRTHPLACE (State or Foreign Country)
OR	9a. FACILITY NAME (If not institution, give street 1004 S. Baylis Str	·	9	Baltimore	OF DEATH		9c. COUNTY	OF DEATH
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		too CITY :	TOWN OR LOCATION				
. DIRECTOR	Md.			altimore				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100.4 S. Baylis St	reett		101. ZIP CODE 2/224			10g. CITIZEN	OF WHAT COUNTRY?
N .	11. MARITAL STATUS	2. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECENDENT OF				RACE — American Indian, Black, White, atc.
ВҰ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA		If yes, specify Cuben, I	Specify:	o riican, etc.)		Specify: White
TEC	15. DECEDENT'S EDUCAT (Specify only highest grade co	(ION mpleted)	16a. DECEDENT'S US (Give kind of wor	k done during most of working	1	66. KIND OF BUSI	NESS/INDUS	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Painter			Genera	L Mosto	ons
ő	17. FATHER'S NAME (First, Middle, Last)					, Middle, Malden S	umame)	
BE	Michael Loring					Flury		
2	19a. INFORMANT'S NAME (Typo/Print) Catherine Kraft		1910 (PORESS (Street and Number of Upress Dr. Be	Pural Ploute Nu elair 1	mber, City or Town, Md. 2101	State, Zip Co.	de)
	20e. METHOD OF DISPOSITION 1 CBuriel 2 Cremetion 3 Remove 4 Donation 6 Other (Specify)	al from State	PLACE AND DATE OF letery, cremetory, or the	pisposition (Name of piace) The of Jesus (0	10 00 1	7 /	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME AND ADDRESS	OF FACILITY			9015.
	► Charles 1	J. Zede		Charles S.	Zeile	r & Son	Inc.	k,Md. 901 S. Conkling St.
	23. PART I. Enter the diseases, or cor shock, or heart feilure. Lie	nplicetjena that caused it only one cause on e	the death. Do not ich line.	enter the mode of dying	, such aa ce	ordiac or respire	itory arreat	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	1.	10 /					Onset and Death
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EHI	resulting in deeth) LAST							
AL C	PART il. Other eignificent conditione	contributing to death be	ut not resulting in	the underlying ceuse give	en in Part i.	24a. WAS AN A		24b. WERE AUTOPSY FINDINGS
MEDIC						PERFORM 1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME								1 - YES 2 - NO
AN	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN:	EXAMINER?	OSPITAL:	0	26. PLACE OF DEAT	· · · · · ·			
H	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME C	Nursing Home S Resid	_	her (Specify) ESCRIBE HOW IN.	IURY OCCUR	FD
ВУ Р	1 Natural 5 Pending investigation	(Month, Day, Year)	INJUR	WORK? M t VES 2 N	24.0			77
	3 Suicide 6 Could not be	26s. PLACE OF INJURY building, etc. (Speci	— Al home, farm, atre	et, factory, offica		CATION (Street and by or Town, State)	d Number or I	Rural Route Number,
H	4 Homicide determined		**			y or lown, state)		
COMPLETED	29a. CERTIFIER Check only	N: To the best of my knowle	edge, death occurred	nt line lime, date and place, an	nd due to lihe o	euse(a) and menn	er as stated.	
Š	one) 2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation,	in my opinion, death occured	at Iha time, de	te and place, and	due lo the co	luse(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1 10 00		29c. LICENS	E NUMBER		29d. DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	They	nece	1214-	717		8/1	7/1/
	MILHARL PURS	EN PILN	LIA	40 Each	ave	BAL	IMOU	MLILLY
	AUG 17 1992	32. RIGISTRAR SIGNA	TURE				•	,

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

PIRL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

EMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

EM Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be nettiled at once.

- STATE REGISTRAR		CE								NO.									
1. DECEDENT'S NAME (First, Middle, Las		/	~T 7\ F 1/4	CUT T	NT C	D		2. DATE MONT 08	OF DEATH	DAY 3	92 YEA	3. TIME OF DEATH							
4. SOCIAL SECURITY NUMBER	F RANK	6. AGE (In yrs. les		GHLII IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	_	OF BIRTH	3	-	3:50 RTHPLACE (State or Fore							
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Se. FACILITY NAME (If not institution, give				OR LOCATI						F DEATH									
5302 SIPPLE AVENUE BALTIMORE CITY																			
RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY		10c. CIT	ry, town	OR LOCAT	TION						10d. INSIDE CITY							
MARYLAND					BALT	IMOR	E CI	ТУ				LIMITS?							
10e. STREET AND NUMBER					. ZIP COD			-	10g. C	TIZEN C	OF WHAT COUNTRY?								
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3√√√ Widowed 4 □ Divorced	IF YES, GIVE W	AR OR DATES			1 YES	2 00	Specify	y:	allowers.		S	pechy: WHITE							
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(Specify only highest gri	College (1-4 or 5 +	,			auring mo	st of workir	rg .												
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17. FATHER'S NAME (First, Middle, Last)										den Sumame	,	0011							
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	יון דווי									Town, State,									
DENNIS MCIAUGHIIN 1701 PARK DRIVE BALTIMORE, MARYLAND 21222 20a. METHOD OF DISPOSITION DATE 20c. LOCATION — City of Town, State																			
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	4. SOCIAL SECURITY NUME		5. SEX				0.6404				13, 13		М	
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NOIL	23. PART i. Enter the di shock, or h IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to imme-	eert feilure.	List only one cau	ise on each line	9.					ined			Approximate Interval Between Onset and Daath	
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H	resulting in death) LAS		d											
	PART II. Other significa	nt condition	a contributing to	deeth but not	resuiting	in the un	derivin	o cause o	olven in	Part I. 24s. WAS	AN AUTOPSY	241	. WERE AUTOPSY FINDINGS	
MEDICAL										PER	QRMED?		AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
S	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:					ACE QF D	EATH (Ch	eck only one)				
YSI	1 TES 2 NO		1 Inpetient 2	ER/Outpatient 3	□ DOA	OTHER		e 5 □ Re	aldence	8 🗆 Other (Specify)				
BY PHYSICIAN:		Pending Investigation	26a. DATE QF (Month, D		28b. TIM	E OF JURY M		URY AT PRK? YES 2	NO	28d. DESCRIBE HO	V INJURY OC	CURED		
	3 Suicide 6	Could not be detarmined	26a. PLACE Q building,	F INJURY — At ho	ome, farm,	street, tacto	ory, offic	•			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
7	29a, CERTIFIER	TFYING PHYSI	CIAN: To the best of	my knowledge, da	ath occurr	ed at the ti	me, dete	and place.	, and dua	to the cause(s) and	nariner as ati	rted.		
COMPLETED	one) 2 MEDI	CAL EXAMINE	R: On the basis of a										s) and manner as stated.	
TO BE	296. SIGNATURE AND TITLE	Pal	Lle	4				MD I	O21	MBER 119	29d. DA	S I	(Month, Day, Year) 4/92	
۲	30. NAME AND ADDRESS OF Michael						NT.	W. M	ashi	ngton, D.	C.	1		
	31. DATE-FILED (Month, Day,			OF S SMENATERING		-1	- 14.	*** ***	~011T	gcon, D.	··			
100	AUG 17 199	22 4	wille . Marington	North March Street										

TO THE HISPORT ATTEMNOR PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the nonstrian the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after the filled in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ON OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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DHMH-16 Rev 1/89

AUG I 7 1997

FOR STATE REGISTRAR

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DIVISIO	DR ATTEND	DIRECTOR: A	nours after d
6	Per	RUNEAL	21
1	-	TOTAL	B

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN	3. TIME OF DEATH				
	LAWRENCE ELMER		MA	GEE	MONTH DI	2 6	YEAR 5.25 0 M			
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs.	last birthday) F	UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	-	BIRTHPLACE (State or Foreign			
	213-10-4664 10M20F 75		THE DAYS		(Month, Day, Year) 07 - 09 -		Country)			
	9a. FACILITY NAME (If not institution, give street and number)		0/7// 70//	OR LOCATION OF DEA			Pa.			
œ						9c. COUNT	Y OF DEATH			
2	GOOD SAMARITAN HOSPITAL		BAL	TMORE	5					
E	10e. STATE 10b. COUNTY	10c, CITY, TO	WN OR LOC	ATION			10d. INSIDE CITY			
DIRECTOR	MARYLAND			2.7.7(1)			LIMITS?			
	10e. STREET AND NUMBER	Dd.	ltimo	O C CODE		T	1 VES 2 NO			
RA				_			EN OF WHAT COUNTRY?			
岁	12.15 E. Belvedere Ave.			21239	•		5.A.			
FUNERAL	1 Never Married 2 Married FORCES? 1 YES 2	ARMED NO	13. WAS DI	ECENDENT OF HISPANI specify Cuban, Maxican	C ORIGIN? (Specify Yes Puerto Ricen, etc.)	or No- 1	4. RACE — American Indian, Black, White, atc.			
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES			S 2 NO Specify:			Specify:			
	15. DECEDENT'S EDUCATION 18a.	DECEDENTIA HALI					White			
COMPLETED	(Specify only highest grade completed)	DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during r	nost of working	16b. KIND OF BUS	SINESS/INDU	STRY			
7	contestion is accounted (n-15) College (1-4 of 2+)				Canada	7 Mad				
₹	17. FATHER'S NAME (First, Middle, Lest)	perinte	Hudiit		Genera		ors			
					IE (First, Middle, Meiden	Sumame)				
BE	Elmer Magee				Coyle					
2				and Number or Rural Ac						
	Catherine E. Magee			vedere Ave						
	20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Removal from State Complex.	E AND DATE OF DI	SPOSITION (Name of	DATE 20c. LO	CATION - CI	ty or Town, State			
	4 Donation 6 Other (Specify) Sacre	d Heart of	Jesus	Cemetery 8-	-17-92 Bal	to., Md				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROY H. Cather		22. NAME	AND ADDRESS OF FAC	ILITY					
	Roy H. Cather		Leonar	rd .1 Purk Tr	c 5305 Have	Ford Dd	.,Balto.,Md.21214			
	23. PART I. Enter the disesses, or complications that coused the	death Do not a								
	snock, or hasrt failure. List only one cause on each li	ne.		out of tynig, soon	The condition of 188pt	ratory street	Interval Between			
	IMMEDIATE CAUSE (Final disease or condition	C-0.					Onset and Death			
	resulting in death) s. Communication	THI	LVIE	-E						
	DUE TO (OR AS A CONSEQUENCE OF):									
NO	Sequentially list conditions,	ELL L	-7rV	FILONA	4					
AT	If smy, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Industrial Cause)									
윤	Grade (Grades of Injury		M							
E	that initiated events resulting in death) LAST	LOUGHUE OF J.					i l			
8	6									
MEDICAL CERTIFICATION	PART II. Other significant conditions contributing to death but not	t resulting in th	a undarlyi	ng cause given in P			24b. WERE AUTOPSY FINDINGS			
2	CHRONIC OBSTRUCTIVE	Pulma	MAR	V ADDER	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	MANIC - DEPRESSIVE	DCYCH	mes c		1 TYES 2	NO	OF DEATH?			
	WILLIAM OF THE STATE	13100	001-		-		1 TES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		-	W ACE OF DEATH OF						
를 다	EXAMINER? HOSPITAL:	ОТ	HER:	PLACE OF DEATH (Chec	k only one)					
<u>\$</u>	1 VES 2 NO 1 Impetient 2 ER/Outpetient 27. MANNER OF DEATN 28s. DATE OF INJURY	_		me 5 Rasidence 6						
BY PHYSICIAN:	1 Netural 5 Pending (Month, Day, Year)	28b. TIME OF INJURY	V	ORK?	28d. DESCRIBE NOW II	NJURY OCCU	RED			
BY	2 Accident investigation			YES 2 NO						
0	3 Suicide 6 Could not be 4 Homicide datermined	home, ferm, street	, factory, off	Ica	281. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,			
4	29e. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge,	death occurred at	the time, de	te and place, and due to	the cause(a) and man	ner sa stated				
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/o									
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUME	AED I	204 DATE 6	SIONED (Month, Day, Year)			
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2	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	EM 27) (Time Prins	r)	<u> </u>		- 0	8-13-92			
Ī	-18	, . , .	,	12-121 0	00					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SHOWATIME	2601 h	sout 1	knuen 182	-UD BALT	MIRE	MD, 21239			
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	MUU L I IJJL									



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ENDIN	TOR: AR		28 Is n
4 100	L DIRECTOR	in 72 hours in	I Item 28
THE OF A LENDING PRINCIPLAN	THE FLINEBAL DI	within 72	PORTANT: If Item 28
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO.	E Ja	
	1. DECEDENT'S NAME (First, Middle, Last	IDA MAE MORG	GAN .			2. DATE OF DEATH MONTH DA	1/3 9	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.8	URTHPLACE (State or Foreign
ij.	578-07-8492 Se. FACILITY NAME (If not institution, give		4 YRS.	NTHS DAYS	HOURS MIN.	12-2-1907	C	MARYLAND
E .	Market and the second	MORIAL HOSPIT			ORE CITY		9c. COUNTY	OF DEATH
2	RESIDENCE OF DECEDENT							
DIRECTOR	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	BALTIMORE	10c. CITY, T	OWN OR LOCAT	ion D UND A LK			10d. INSIDE CITY UMITS?
	10e. STREET AND NUMBER	BALTIMURE			ZIP CODE		10g. CITIZEN	1 YES 2 NO
FUNERAL	7449 DURWOOD ROA	D			212:	22		U.S.A.
2	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES	XX NO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes an, Puerto Ricen, etc.)	or No- 14, I	RACE — American Indian, Black, White, etc.
B√	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	NO Specif			Specify: WHITE
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	UAL OCCUPATIO	N If of working	16b. KIND OF BUS	INESS/INDUST	RY
	Elementary/Secondary (0-12) 8TH GRADE	College (1-4 or 5+)	504 111111111111111111111111111111111111	elrod.) RVISOR		DIETADY	DEDT	ST. AGNES
O	17. FATHER'S NAME (First, Middle, Last)	1771	Surei	(VISOR	18. MOTHER'S NA	ME (First, Middle, Melden		SI. AUNES
BEC	WILLIAM JORDAN					SMITH		
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
	EARLE P. MORGAN 200, METHOD OF DISPOSITION 10 Apurila 2 Cremetion 3 Re	201	7449 DU			BALTIMORE,	MAKYLAI CATION — City of	
	1/Q/Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from Stata	KKWCUD "CEN		8-17-1			E, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		DUDA-R	LICK FUNT	RAL HOME O	F DUND	ALK THE
				7922 W	ISE AVEN	JUE DUNDAL	K MD	21222
	23. PART I. Enter the diseases, or abook, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR AS A	ach line.	enter tha mod	de of dying, aud	h as cardlec or reapli	atory arrest,	Approximata Interval Batween Onset and Death
RTIFICATION	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):	Men	man co			
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS /	CONSEQUENCE OF):					
ш	resulting in death) LAST	d						
AL C	PART II. Other algnificant condition	ona contributing to death b	ut not reauiting in t	he underlying	cause given in	Part I. 24a. WAS AN	WTOPSY	24b. WERE AUTOPSY FINDINGS
	Secretary Y	merta				PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	Commany A	otery D2 -	with Chr	mic x	1. Tilo.		-	OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		Compence					
SIC	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch			
H	27. MANNER OF BEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c, INJU	IRY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURE	0
2	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO			
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, term, stree	rt, tactory, office		28t. LOCATION (Street of City or Town, State)	nd Number or Ru	rel Route Number,
1	290. CERTIFIER (Check only	SICIAN: To the best of my know	ledge, death occurred at	t the time, date	end piece, end due	to the cause(e) end mani	ter se stated.	
5		IER: On the basic of examination	n end/or investigation, in	n my opinion, de	ath occured at the	time, date end place, end	due to the ceu	se(s) end manner es stated.
N N	296. SIGNATURE AND TITLE OF CERTIFIE	ER LAN			29c. LICENSE NUI	MBER	29d. DATE SIGI	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	ot)	13.50	67	0/1	3/76
		i/5/2m, 111D	3100	wyn	an Pass	Par.	Balli	110 /11 /)
1	31. DATE FILED (Month, Day, 16ar) AUG 17 1992	2. REGISTRAR'S SIGN	ATURE				-00-	
	AUG 17 1992	4	1					

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	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMEN	IT OF H	IEALTH DEA	AND I	MENTA	L HYGIEN			to the
	1. DECEOENT'S NAME (First, Middle, Last)							-	2. DATE	OF DEATH		1	TIME OF DEATH
	WILLIAM MOR	RIS							MONT	TH DA		YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	at birthday)	IF UND	ER 1 YEAR	IE IMPE	R 24 HRS.		UST 13	, 199		1:50 P N
	227 26 6021	1 [X M 2 □ F	63	YRS.	MONTHS	-	HOURS	MIN.	(Mon	th. Day, Year) -8-29		Country)	
	227-26-6021 9a. FACILITY NAME (If not institution, give s									0-29			C.
l œ			A T		9b. CIT	TY, TOWN (LTIM		EATH			T MODE	CITY
2	THE JOHNS HOPKIN	5 HUSPIII	AL .			DA	LIII	UKL			DALI	INORE	CILI
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CIT	Y. TOWN	OR LOCAT	TION					L	4 mains arm
E E	MD Har	ford				ETTS		LE				1 2	d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER												YES XXNO
FUNERAL	1663 JARRETTS	מ קודע	0 4 D			101	210				16g. CITI	U.S.	T COUNTRY?
N.												0.5.	A •
5	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	Y YES	RMED	13					N? (Specify Yes Rican, etc.)	or No-	14. RACE -	American Indian, /hita, atc.
B	3 Wildowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			1 TYES	X Xvo	Specify	y:	, , , , , ,		Specify:	
	15. DECEDENT'S EDU	CATION	To the second										BLACK
COMPLETED	(Specify only highest grade	completed)	(G	CEDENT'S live kind of Do NOT us	work done	during mo	ON ost of worki	ing	160	. KIND OF BUS	SINESS/IND	USTRY	
1 2 1	Elementary/Secondary (0-12)	College (1-4 or 5	+)]	ACHI									
2			MA	ACHI	итр	т							
	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden	Sumame)		
띪	ALEXANDER MOR	RIS								LOR			
2	19a. INFORMANT'S NAME Cooper CHARLOTTE MOR	DIC	19	MAILING	ADORES	SS (Street a	nd Number	r or Rural F	Poute Num	JÄŘŘÍ	State Zip	GOOD TIT	F MD
-	CHARLOTTE MOR	KID		1003	UA	KKE	TIDV	Thu.		J/ UAKI	XDII.	2 4 7 11	21084
	20s. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Rem	oval from State	20b. PLACE				ame of		OAT	E 20c. LO	CATION C	Olty or Town,	Stata
	4 Donation 5 Dother (Specify)		ST.	ALPI	HONS	SUS	CEM	ETER	X	WOO	DSTO	CK,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22	. NAME AN	NO ADDRE	SS OF FA	CILITY				
	> /	XX	_ =	-2-	- FoT	M C	млр	CH	r u	/110	<u>।</u>	NODI	H AVE.
\vdash	23. PART i. Enter the diseases, of	complications the	t coursed the de	To des									
	ahock, or heert fallura.	List only one cau	sae on aach lina	i,	iot ante	r the mo	de or dy	ing, auci	n se cen	diac or reapi	ratory sm	eat,	Approximata intervei Between
	iMMEDIATE CAUSE (Fine) disease or condition												Onset and Death
	resulting in deeth)	S. CESPIC	ratory	avro	1+								5 min
		DUE TO	OR AS A CONSE	OUENCE O	F):	,	0 4						
8	Sequentially liet conditions.	· metas	tatic e	arcin	ron	6 0	th	e Col	on				3 Necks
ERTIFICATION	if any, leading to immediate	DUE TO	(OR AS A CONSE	DUENCE O	F):	,							
2	cause. Enter UNDERLYING CAUSE (Diseass or injury	с											
	that initiated events resulting in deeth) LAST	OUE TO	(OR AS A CONSEC	DUENCE O	F):								
		d											ļ
2	PART II. Other eignificant condition	e contributing to	death but not r	esultina	n tha u	nderlying	1 Cause	niven In	Part i	24s. WAS AN	ALITOREY	Tab we	RE AUTOPSY FINDINGS
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교									_	1 YES 2	XNO		MPLETION OF CAUSE DEATH?
Σ											•	1[YES 2 NO
CIAN:													, ,
∂	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF 0	EATH (Chi	ock only or	10)			
YSI	1 TYES 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA		rsing Hom	e 5 🗆 Re	aldenca	a 🗆 Othe	er (Specify)			
PHYSI	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIM	E OF URY	28c. INJI	URY AT		28d. DE	SCRIBE HOW II	NJURY OCC	URED	
Æ	1 Natural 5 Pending 2 Accident Investigation				М		/ES 2	NO					
ED	3 Suicide 8 Could not be	28a. PLACE O building.	F INJURY - At ho atc. (Specify)	me, ferm, s	street, fac	ctory, office			28f. LOC	ATION (Street a	nd Number (or Aural Route	Number,
	4 Homicide determined							-	Ony	or Town, State)			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge de	ath occurr	of at the	time data	and place	and du-	In the ar-	(00/a) a=d ==		4	
WE	(Check only one) 2 MEDICAL EXAMINE												d manner or white d
	29b. SIGNATURE AND TITLE OF CERTIFIES				,,	7		_		and piece, and			
BE	MA THE OF CERTIFIES	7 /	/11				29c. LICE	ENSE NUM			29d, DATE		onth, Day, Year)
0	7 lary Thu /	Mr. MI	Hen	un !	no		D	433	14			8/13/	42

600 N.

Hopkins

John Hopkin

12. REGISTRAR'S SIGNATURE

Ford

21287 HD

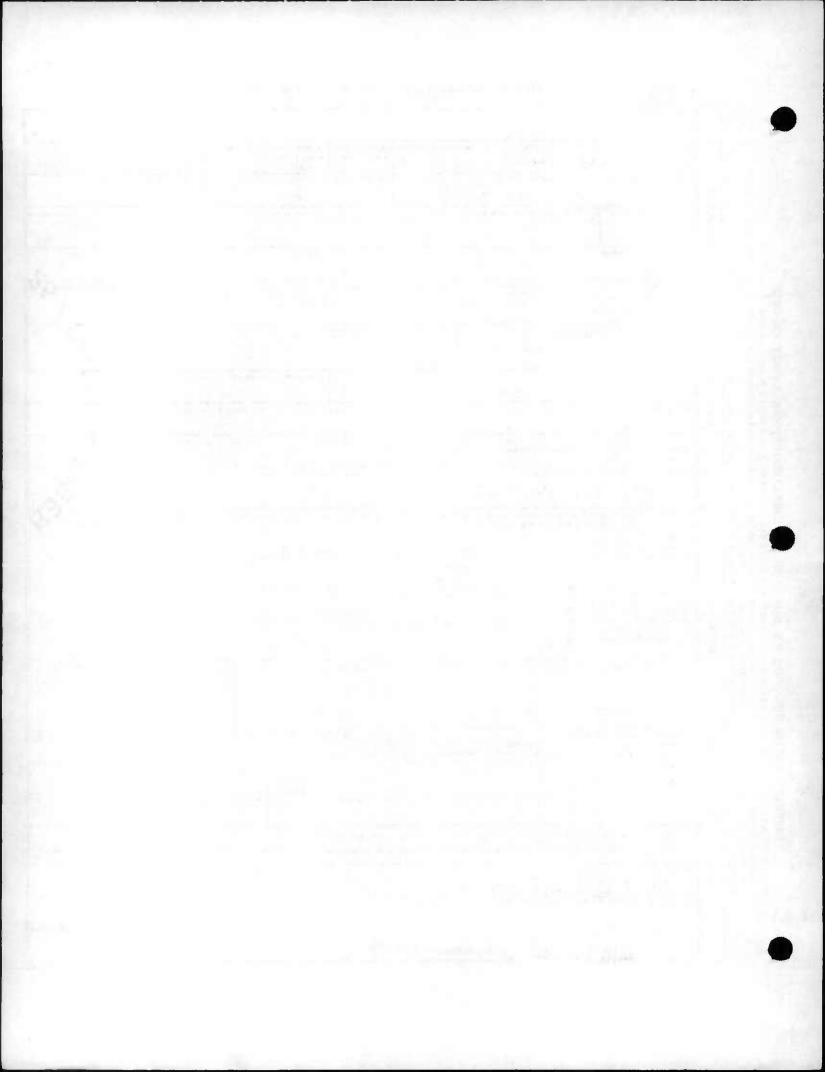
Baltimore

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR			CERTIF			DEAT	TH	MENTAL HYGIEI REG. NO			
1. DECEDENT'S NAME (First, Middle, Las		hn M.	Mayr	or,	Jr			2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
JOHN M M.	AYNOR S. SEX								3	92	16'10
218 - 32-6635	1 M 2 F	6. AGE (In yrs.	YRS.	MONTHS	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Country)		PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give		54	Tho.					6/11/3			
	,				Y, TOWN C			EATH	9c. COL	JNTY OF DE	EATH
University		1		Ba	1ti	nore					
10a. STATE 10b. COU			10c, CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
University RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland			Rai	tim	ore						LIMITS?
			Dus	OIM		ZIP CODE			10a, C/1	IZEN OF W	HAT COUNTRY?
431 Hutchi	ns Avenu	ıe				212	12			USA	THE COUNTY
10e. STREET AND NUMBER 431 Hutchi 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOEI	IT EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT O	F HISPA	NIC ORIGIN? (Specify Y			- American Indian,
3 Widowed 45 Olvorced		YES 2 [NO			cify Cuba	n, Mexico	nn, Puerto Rican, etc.)		Black	White, stc.
15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)		16a.	OECEDENT'S					16b. KIND OF BI	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.)	during mo	it of workin	g				
		М	orti	rian)						
17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Middle, Meide	Sumame)		
John M. Mayn	or, Sr.					Etl	nel	Johnson			
19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street e	nd Number	or Rural	Route Number, City or To	vn, State, Zi	p Code)	01710
Karl A. Mayno	r, Sr.							1 Fort R			21719 Md
20s. METHOD OF DISPOSITION			E AND OATE			_		DATE 200 L	CATION	Other as Ton	no State
1X Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from Stata		ison			Wat		8/18/92 Cem. Ow	inca	Mil	1a Md
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	GROUE	18011		NAME AN			CILITY	ings	MILI	1s, Md
- Buray	dur	in						1	/01	McCu	lloh St.
23. PART I. Enter the diseases, o	7100	×->									, Md2121
IMMEDIATE CAUSE (Final disease or condition resulting in death) BACTERIAL ENDO CARDITIS OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											1 MEEK
PART II Other clastificant conditi		4									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation	PERFORMED? 1 YES 2 NO OF										WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF O	ATH (Ch	eck only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetlant	3 🗆 004	OTHER	R:						
27. MANNER OF OEATH	28e. DATE OF	INJURY	28b, TIM	-	26c. INJU		sidence	6 ☐ Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED	
1 Natural 5 Pending	(Month, E	lay, Year)	IN.	URY	WO	RK7 ES 2	NO.			OUTLE	
2 Accident Investigation 3 Suicide 6 Could not b	28e. PLACE C	F INJURY — AI	home, ferm.	street, fact			-	28f. LOCATION (Street	and Numbe	or Burni Br	nute Mumber
4 Homicide 6 Could not b	building,	etc. (Specify)			,, -,,,,,,			City or Town, State)	on I nor WI I'll	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P
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29b. SIGNATURE AND TITLE OF CERTIF	TLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (A							(Month, Day, Year)			
What E. Kn		CHG,							1	8/13	192
30. NAME AND ADDRESS OF PERSON V	VHO COMPLETEO CAU	SE OF DEATH (IT	TEM 27) (Type	Print)						1	
ROBERT E. RIG	HARD MO, P	NO DA	EPT O	F M	EDICH	NF	UNI	V. OF MARYL	OMA	MEN	CAL SVS
31. DATE FILED (Month, Day, Year)	32. REGISTRA	A'S SIGNATURE	-	lan!		1	0101			. 162 01	C.16 212.
Aug 17	1992 4	عهرسالمه	alm Albert	400	3						



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending arranged	4 hours after death. Page 6 may be retained by the hospital or attending anytic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to-be filed within 72 hours after death with the State Duer of Health and Mental Horizone notor to harrial cremation, or removal	illed in by the funeral director, page 5 should be detached for use as the burial-to or removal
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e medical examiner must be notified at once.

ansit permit. Pages 1, 2, 3 should

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Markella Matrioudakis

2. DATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

2. DATE OF DEATH MONITOR DAY

	1. DECEDENT'S NAME (First		41							2. DATE OF D	EATH DAY		WEAR	3. TIME OF DEATH
	Mark	ella 1	Mathioud	akis						OS	15	9	2 2	A, w
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF B (Month, De)	IRTH (Year)			PLACE (State or Foreign
	185-26-5511		1 □ M 2 🔎 F	87	YRS.					07 22			OOD III	"Greece
~	9e. FACILITY NAME (If not in	-						OR LOCATION	ON OF OE	ATH		9c. COU	NTY OF D	EATH
DIRECTOR	518 Umbra	SEDENT	t			Da	ttu	nond						
EC.	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN O								10d. INSIDE CITY
	Md.					Balt	imo	re					- 1	LIMITS?
FUNERAL	10e. STREET AND NUMBER						101	t. ZIP COD				10g. CITI	ZEN OF V	VHAT COUNTRY?
5	518 Umbra S	treet						212	224				Gre	ece
5	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDENT FORCES?	T EVER IN U.S. ARI	MED	13. V	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (Sp n, Puerto Rican	ecify Yee	or No-	Bleck	American Indian, t, White, etc.
B	3/2 Widowed 4 Dive		IF YES, GIVE Y	MAR OR DATES				2 0 NO			,		Speci	White
		EDENT'S EDU		16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON		16b. KINI	D OF BUS	INESS/IND		WILLE
Щ	Elementary/Secondary (6	y highest grade 3-12)	College (1-4 or 5	life.	Do NOT us	work done one retired.)	uring mo	st of working	ng	7000-00				
절					ouse	work					At H	ome		
COMPLETED	17. FATHER'S NAME (First, M									ME (First, Middle				
BE		zas								ene An				
2	John N. Ma									Noute Number, C		, State, Zip	Code)	
	20a. METHOD OF DISPOSIT								to.,	Md. 21				
	1) Burlel 2 Crematic	on 3 🗆 Reme	oval from State	20b. PLACE A	natory or o	(her place)	TION (No	ama of	8-1	7-92	20c, LOC	ATION -	City or To	wn, State
ľ	21. SIGNATURE OF FUNERA		ENSEE	- Our L	CULIT	22 1	AME A	ID ADDRE	SE OF EAC	NI ITY				
	► Charl	سا	97. 30	ila		10	han.	low S	. 70	ilon &	San	Tro	62	24 stern Ave.
\dashv	23. PART I. Enter the d	Iseeses or o	omolications the	t caused the de-	ath Do n	D' 00'05	the me	do of du	an auch	ocot a	3072	. 5/20	ca	
	snock, or h	eert fellure.	List only one cer	use on each line.		iot onto	1110 1110	de or dy	irig, suci	i aa ceidiac	or reapir	atory arr	va,	Approximate Interval Between
	IMMEDIATE CAUSE (Fir		Met	ASTANZ	bl	add	0	CAN	M	Om4				4mos
	reaulting in death)			(OR AS A CONSEC					Cit					FILUS.
Z	Sequentially list conditi		b											
CERTIFICATION	if any, leading to imme	diete	DUE TO	(OR AS A CONSEO	UENCE OF	F):								
	CAUSE (Disease or Inju		DUE TO	(OR AS A CONSEQ	LIENCE OF	n.								
Ē	that initiated events resulting in death) LAS	т		(on no n consec	OLIVOL OF	·)•								İ
			J											
EDICAL	PART il. Other algnifice	ont condition	contributing to	deeth but not re	eaulting i	n the un	derlying	g ceuse ç	given in I	Part I. 24a.	WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	anemia	- 11	nym	ostony						_ 10	YES 2	XNO		COMPLETION OF CAUSE OF DEATH?
Σ										_		-		1 TES 2 NO
AN	25. WAS CASE REFERRED TO	O MEDICAL					. 00 . D1	105.05.0	C. 1711 (C)					
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ 004	OTHER	:			ck only one)	55.0			
Η̈́	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ		sidence	6 Other (Spe 28d, DESCRIB		JURY OCC	CURED	
ВУ Р		Pending Investigation	(Month, E	Ney, Year)	INJ	URY M		YES 2	NO					
	3 Suicide 6	Could not be	28e. PLACE C	F INJURY — At hor etc. (Specify)	ne, ferm, s	street, fecto	ry, offic	•		281. LOCATION		nd Number	or Rural R	oute Number,
1	4 Homicide	determined		eta (opoony)						City or Tov	vn, State)			
2	29e. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowledge, dea	ith occurre	ed at the tir	ne, data	end piece,	end due t	to the cause(a)	and mann	ner se state	ed.	
COMPLETED														end manner ee stated.
BE C	29b. SIGNATIVISAND VILLE	OP CERTIFE	b /	01				29c. LICE	NSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)
TO B		1	1	tream	an			D	386	579		▶ 8	/17	192
-	30. NAME AND ADDRESS OF							-			عم الله			
	John Br	ruza			aste	mf	we	. B	alth	mure	MI) 2	-122	4
	31. DATE FILED (Month, Day,	10 17	1992	ARIG SIGNATURE	מל									
13	H	11 11	AUL A		in	Alberta.								

6 10.00 Se a Taranta a material de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2ª hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been stoned by the attending physician and completely filled in by the funeral dimensor have been stoned by the attending physician.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.	2736								
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 2. TAM									
MONTH DAY YEAR	E OF DEATH								
Benedetto F. Merenda 8 15 92	11:20 P								
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE									
217-22-8576 MX 2 F 81 YRS. MONTHS DAYS HOURS MIN. (Month, Day, 16ar) Country)									
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
Greater Baltimore Medical Center Towson Balto									
RESIDENCE OF DECEDENT									
10a. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. IN	ISIDE CITY								
Dat Calliote	rES 2 💢 NO								
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT CO WHAT CO U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 % NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No) 14. RACE — Arm FORCES? 1 YES 2 % NO 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No) 16. RACE — Arm History Cuben. Marical. 17. Name Marital. 2 Marital. 18. RACE — Arm History Cuben. Marican. Puerto Ricen. etc.)	OUNTRY?								
6902 Lachlan Circle Apt. E 21239 U.S.A.									
11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMEO 1 Never Married 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — Arm Black, White, Black, White,	erican Indian,								
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	ite								
15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life. Decedent's USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refined.)									
Elementary/Secondary (0-12) College (1-4 or 5+) 12 Barher Solf Employed									
Sell Employed									
Santi Merenda Carmello Bocollo 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Burle Number of Burle Number of Burle Number of Burle Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of Street Number of S									
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John M. Merenda 4065 Baker Ave. Titusville, Fla. 32796									
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Dulaney Valley Mem. Grdns 8/19/92 Temenium, 1	Md.								
22. NAME AND ADDRESS OF FACILITY 1050 York Rd. 2120	4								
Ruck Towson Funeral Home, Inc.									
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,	pproximata								
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Page 6 may be retained	director, page 5 should		The manual or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO COTHER: 1 Inpetient 2 ER/Outpatient 3 DOA A Nursing Home Content (Specify) 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY DESCRIBE HOW INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY OCCURED ON INJURY										
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Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 29e. CERTIFIER 4 CERTIFIER 4 CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFICATION A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFIER A CERTIFICATION A CERTIFIER A CERTIFIER A CERTIFICATION A CERTIFIER A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CERTIFICATION A CER	nel									
(Check only one) 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner	ňe									
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 1) 0.C.M.E. 29d. DATE SIGNED (Month, Day, 1) 08/15/1992	y C									
31. DATE FILEO (North, Day, Year) 32. BEGISTRAR'S SIGNATURE AUG 17 1992										

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DIVISION OF VITAL RECORDS, P.O. BOX 687

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Dora Idaviola O"Brien 8 84 92 5:45 A. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 12/27/1894 DAYS HOURS 1 M 2 F YRS. 215-30-2226 97 Maryland burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Manor Care - Towson Towson Balto 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland
100. STREET AND NUMBER XX YES 2 NO Balto. FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6401 Loch Raven Blvd 21239 S attending physician. A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Pu 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced the White 25 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY USe ò Elementary/Secondary (0-12) College (1-4 or 5+) detached 8 Homemaker Own Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maider Sumame) 智 the funeral director, page 5 should be Staples James R. Dora Schultz notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Audrey Gordon 500 Epsom Rd. 21286 99 20a. METHOD OF DISPOSITION 1 (XBurlal 2 Commetton 3 Rem 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE Balto. National Cem. 8/14/92 Balto. Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY 1050 York Rd. 21204 mal Ruck Towson Funeral Home, Inc or removal. event, the medical 23. PARY I. Enter the diseases, or comslications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, the enemon physician and completely filled in by Menta Hydrene prior to burial, cremation, or remo Approximate shock, or heart fellure. List only one cause on each line Interval Between Onset and Death **IMMEDIATE CAUSE (Final** CUTE RESPIRATORY FAILURE MINUTER
RONIC OBSTRUCTIVE PULMONORYDISEASE YEARS disease or condition resulting in death) or other traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be DUE TO (DR AS A CONSEQUENCE DF): that initiated events resulting in death) LAST injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Health and I amy AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO Shows 1 YES 2 NO Dept. of P PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL This certificate his with the State C 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: 1 YES 1 NO 1 | Inpetient 2 | EN/Outpetient 3 | DOA ne 5 🗆 Residence S 🗀 Other (Specify) b 27. MANNER OF DEATH 28s. DATE OF INJURY (March, Dec Rear) marked, 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 | Natural 2 | Accident 5 Pending Investigat L DIRECTOR: After the hours after death w 1 YES 2 NO BY 28e. PLACE OF BUJURY - At home, farm, street, factory, office 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) × 3 Suicide COMPLETED 6 Could not be Itam 28 4 Homkride CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. FUNERAL I MPORTANT: 11 occured at the time, date and place, and due to the cause(s) and manner as stated. with 290. SIGNATURE AND 29d. DATE SIGNED (Month, Day, Year) BE WH 29c. LICENSE NUMBER 볼볼 4124 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

7600 Osler Dr.

32. REGISTRAR'S SIGNATURE

die Kriden

Towson, Md.

21204

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John D. Milto M.D.

7 1992

31. DATE FILED (Month, Day, Year)

white was the

DHMH-16 Rev 1/89

NDING PHYSICIAN: The law requires that the death cardificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	3. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PHYSICIAN	r this certifi	arked, or
ATTENDING	CTOR: After	28 is m
Á	A hours	If them
Z		TANT
4	to Tied	MPOR
1	- 43	-

								92	221	3	
	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN					
1	1. DECEDENT'S NAME (First, Middle, Last)	ILIA EMMA RO	NACU.				AY	YEAR	TIME OF DEATH	A C	
	4. SOCIAL SECURITY NUMBER		(In yrs. lest_birthday)				7. DATE OF BIRTH A BIRTHPL			PM	
1 8	213-10-4940	1 🗆 M 2 🖫 F	89 YRS.	MONTHS DAVE HOUSE MAN		(Month, Day, Year)	03	Country)	ATHPLACE (State or Foreign unity) ryland		
	9e. FACILITY NAME (If not institution, give s	96. CITY, TOWN	OR LOCATION OF DE	EATH	-	TY OF DEA					
DIRECTOR	SUBURBAN RESIDENCE OF DECEDENT	HUSPITH	_	BET	HBS D	M	moi	VT6	MER	4	
	10e. STATE 10b. COUNTY			Y, TOWN OR LOCAT	TION			10	d. INSIDE CITY		
		WT GOZYGT	24	BETI	HESDA	-		1	VES 2	NO	
FUNERAL	10e. STREET AND NUMBER		× A	101	. ZIP CODE	_	10g. CITIZ	EN OF WHA	AT COUNTRY?		
Ä	10250 WEST	LAKE	OV, AL	1808	2081	7		S.A.			
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 MNO							a,	
E	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATIO	ON st of working	186. KIND OF BU	SINESS/INDI	JSTRY			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)		work done during mo se retired.) Cician	or or working	Beauty	Shop				
BE CO	17. FATHER'S NAME (First, Middle, Last) Walter Finle	ME (First, Middle, Meiden	irst, Middle, Meiden Surname) Kenny								
TO B	19a. INFORMANT'S NAME (Type/Print) William F. Lowe, Jr. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10805 Hob Nail Ct. Potomac, Md. 20854										
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, genetory or other place) Dulaney Valley 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. DATE 20c. LOCATION — City or Town, State 20c. METHOD OF DISPOSITION (Name of cemetery, genetory or other place) 20c. LOCATION — City or Town, State										
	21. DIGNATURE OF FUNERAL SERVICE LIC		01	22. NAME AF	D ADDRESS OF FA	CILITY		-			
	· The	11 2				Funeral Ho. Towson,					
	23. PART I. Enter the diseases, or o	complications thet cause	d the death. Do r	not enter the mo	de of dying, such	h as cardiac or reap	iratory arre	at,	Approximat		
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel										
	resulting in death) a. PULMONARY ATELECT ASIS DUE TO (OR AS A CONSEQUENCE OF): ACUT										
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING										
ERTIFI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
O	PART II. Other eignificent condition	s contributing to death	but not resulting	in the underlying	ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b W	ERE AUTOPSY FIN	DINGS	
S	ARTERIOSCLERI	MC CARD	OVASCO	UMR	DISTO	PERFOR	MED?	AV CC	MILABLE PRIOR TO OMPLETION OF CA	0	
: MEDICAL	PEMENTIA (MULTI INFARCT) ARDOVASCULAR DISEASE 1 YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									0	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☑ YES 2 □ NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch						
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF 28c, INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCC	URED			
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	S M		PK? YES 2 1 NO	FELL A	T 6	10 112	-		
0	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, atc. (Spi	Y — At home, farm, s	treet, fectory, office		28f. LOCATION (Street of City or Town, Stete)	and Number	or Rural Rout	e Number,		
ETE	4 Homicide determined		Hope			City or lown, Stelle)	#10	0			
COMPLET		CIAN: To the best of my know									
00	2 MEDICAL EXAMINE	R: On the basis of examination	on end/or investigation	n, in my opinion, d	eath occured at the	time, date and place, en	d due to the	ceuse(s) er	nd menner es sta	ited.	
BE (296. SIGNATURE AND TITLE OF CERTIFIER		///	-01	29c. LICENSE NUM	IBER	29d. DATE	SIGNEO (M	onth, Day, Year)		
2	MAME AND ADDRESS OF PERSON WHO	O COMPLETED CALVES OF O	EATH (ITEM 27) (Type	Print)	007	099	0	-13	-95		



SELTITURE

NITENDING PHYSICIAN: The law requires that the death certificate be executed within

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT				MENTA	L HYGIEN REG. NO.		92	22140	
	1. DECEDENT'S NAME (First, Middle, Last)	Salvado	Ross	ello					2. DATI	E OF DEATH	NY.	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	AGE (In yrs. last birthday) IF UNDER 1		1 YEAR	EAR IF UNDER 24 HRS.			OF BIRTH		8. BIRTHP	LACE (State or Foreign	
	056-18-1775	1 ☑ M 2 ☐ F	73	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	110	Country)		
	9a. FACILITY NAME (If not institution, give a		()		Ob CITY	TOWARI C	ND 1 OCAT	ION OF DE	_	7-14-17		Puer NTY OF DE	to Rico	
00					90. Cit				CAIN		90.000	NIT OF DE	NIII.	
2	2011 Dumont Rd					Tim	oniu	m				Balt	0.	
E C	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY				Y, TOWN C	OR LOCAT	ION						IOd. INSIDE CITY	
DIRECTOR	MD:	BALTO	<u> </u>		1	1m	ONI	um					LIMITS?	
FUNERAL	100. STREET AND NUMBER 2011 DUMONT RD				101. ZIP CODE 21093					3	10g. CITIZEN OF WHAT COUNTRY?			
5	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARI	MED						IN? (Specify Yes	or No-	14. RACE -	- American Indian, White, atc.	
	1 Never Married 2 Married		WAR OR DATES		- 1			Specifi		Rican, etc.)			White	
BY	3 Widowed 4 Divorced	WILL	II 4 KO	rea		Sp	ain					Puer	to Rican	
	15, DECEDENT'S EDUC (Specify only highest grade	CATION	16a, DE(CEDENT'S	USUAL O	CCUPATIO	ON work	ina	16	b. KIND OF BU	SINESS/INI	DUSTRY		
回	Elementary/Secondary (0-12)	Callege (1-4 or 5	We	Do NOT u	(work done during most of working use retired.)									
릴		8	Phy	ysic:	ian					Medica	1 Se	rvice	S	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA		Middle, Meiden				
	Antonio Lore	nzo Ross	sello				30.0	Carm	en	Suan				
BE	Antonio Lorenzo Rossello Carmen Suau 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
2	Esther S. Rossello Same as 10e													
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or 20c. LOCATION — City or Town. State													
	1 Burlet MXCremetton 3 Removal from State Other place) 4 Donatton 5 Other (Specify) Hill top Service Corp. 8/15/92 Towson , Md.													
	21. SIGNATURE OF FUNERAL SERVICE ON	ENGEE / /	1 11/	cop ,				SS OF FA		92] 1	OWSO	I M	a.	
	· Mondel &	School	h							1050 Y			1204	
										Approximete Interval Between				
	4					74	$\rightarrow a$	Du	10				Onset and Death	
ŀ	reaulting in death)	DUE TO	OR AS A CONSEC	DUENCE O	irolog Failure SUPPE						19.110			
_		Carololla + Parale							ral Metaslases 2 monte					
CERTIFICATION	Sequentially list conditions,	MENCE C	E)											
A	ceuse. Enter UNDERLYING	any, leading to immediate						in Colon						
윤	CAUSE (Disease or injury	DUE TO	OR AS A CONSEC	DUENCE O	FD:									
Ē	that initiated events reautting in death) LAST													
		d											+ .	
7	PART II. Other significent condition		daeth but not r	esuiting	in the u	nderiyin	g cause	given in	Part i.	24a. WAS AN PERFO			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
PHYSICIAN: MEDICA	1000									1 TYES	NO NO		COMPLETION OF CAUSE OF DEATH?	
異													1 _ YES 2 _ NO	
<u> </u>														
Z	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	OEATH (C/	heck only	one)				
SI	EXAMINER? 1 Tes 2 Kno	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE		ne 525	Residence	6 🗆 Otl	her (Specify)				
Ŧ	27. MANNER OF DEATH	28e. DATE O		28b. TI	AE OF	28c. IN.	JURY AT		7	ESCRIBE HOW	NJURY OC	CURED		
	1 Netural 5 Pending	(Month,	Day, Year)	IN	JURY M	W	YES 2	□ NO	J. See Hill					
ВУ	2 Accident Investigation	28e. PLACE	OF INJURY — At ho	me ferm	atreet fac				28/ 10	CATION (Street	and Numbe	v or Rural Br	uda Alumbar	
03	3 Suicide 8 Could not be 4 Homicide datermined	building	, etc. (Specify)		arrest, rate	.51,1 01111	-			y or Town, State		or runal mo	/ TMT10/01/	
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	CIAN: To the best of	f my knowledge, de	ath occur	red at the	time, date	and plac	e, and du	e to the c	ause(e) and ma	nner aa str	ited.		
N	one) 2 MEDICAL EXAMINE	R: On the basic of	examination end/or	Investigati	on, In my	opinion,	death occ	ured at the	e time, de	te and place, e	nd due to t	the cause(e)	end manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. I le	CENSE NU	MBER		29d. DA	TE SIGNED	Month, Day, Year)	
BE	UND Kille	ms	D								•		3-92	

1012 Old North Point Rd

AUG 1

ESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

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BALTIMORE, MARYLAND 21215-0020	mours after death. Page 6 may be retained by the hospital or attending of usiclan.	JEREL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be head with the State Dept. of Heath and Mental Hygiene prior to burlal, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SP(TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physician.	WEREL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the feet hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	. If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND M	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	0.6.6.0				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
	AARON E. ROGE		//- /- /- /- /- /- /- /- /- /- /- /- /-			8 - 15	- 92	1042 L M
	227-32-1461	1 4 C 1 POWER 24 HRS. 7. DATE OF BIFTH 8. BIRTHEY MONTHS DAYS MONTHS DAYS (MONTHS DAYS (MONTHS DAYS)						
	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN O	R LOCATION OF DEA	3-10-1932	COUNTY OF DE	VA.
OR	235 S. HILTON	STREET			TIMORE		0001111 01 01	
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c CITY	TOWH OR LOCATI	ON			
DIRECTOR	MD			LTIMOR				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	100	1 💢 YES 2 🗌 NO					
FUNERAL	235 S. HILTO	N STREET			21229		USA	
FU	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECE	NDENT OF HISPANIC	ORIGIN? (Specify Yea or No	0— 14. RACE	- American Indian, White, atc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specify:	t serio mean, etc.,	Specifi	BLACK
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. DECEDENT'S U	SUAL OCCUPATION	N	16b. KIND OF BUSINES		BLACK
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	rk done during mos retired.)	t of working	М.Т.	۸	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							
Ö	JAMES ROGERS				16. MOTHER'S NAME	E (First, Middle, Meiden Surne	me)	
BE	19+. INFORMANT'S NAME (Type/Print)		19b. MAILING A	OORESS (Street an	d Number or Burel Bo	ute Number, City or Town, Stel	to Zin Code)	
5	EVELYN ROGERS		1302	N. BEN	TALOU S	T. BALTO.	MD. 2	1216
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem		PLACE AND DATE OF				N — City or Tow	
	4 Donation 5 Other (Specify)		ODON PAI		ADORESS OF FACI		0., ME)
	Hostin (elison)		MARCH	FUNERA	J. HOME-WE	ST	
	23. PART I. Enter the diseases, or o	complications that cause	I the death Do no	4300 1	VABASH A	AVE. BALTO	. MD	21215
	ahock, or heert feilure. IMMEDIATE CAUSE (Final	List only one ceuse on e	ch line.	cantel the mou	a or dying, such	sa cardiac or respirator	/ arreat,	Approximata Interval Batween
	diseese or condition reaulting in death)	. metastat	hi orl	Jan Mar	remove			Onset and Death
		DUE TO (OR AS A	CONSEQUENCE OF):		Charles of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the	~~		ar Omice
ON	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF:					
CAT	if any, leading to immediate cause. Enter UNDERLYING		J. J.					i i
TH	CAUSE (Disease or Injury that initiated events reaulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):				-	
CERTIFICATION	readiling in death) LAST	1						
AL (PART II. Other significent condition	a contributing to death be	ut not recuiting in	the underlying	cause given in Pa			WERE AUTOPSY FINDINGS
DIC						PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME						_		1 TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL							
SICI	EXAMINER?	HOSPITAL:	etlant 3 🗆 DOS	THER:	CE OF DEATH (Check			
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME (OF 26c. INJUI	5 Residence 8	U Other (Specify)	OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUF		K? S 2 NO			
	3 Suicide 8 Could not be detarmined	26e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stre	et, factory, offica	2	8f. LOCATION (Street end Nu City or Town, State)	mber or Rural Ro	ute Number,
COMPLETED								
MP	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowle	edgs, death occurred	at the time, date a	nd place, end due to	the cause(a) and manner ea	stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIED	4.4.1			29c. LICENSE NUMBE			
) BE	1961	AT >			D301	85	DATE SIGNED	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	TH (ITEM 27) (Type, Pr	int)	7 7 7		10/1	4-0
	31. DATE FILED (Month, Day, Year)	> 405	Freder	ick R) Ba	utimore t	10 2	1218
	Allo 4 m	32. REGISTRAR'S SIGNA	TURE					
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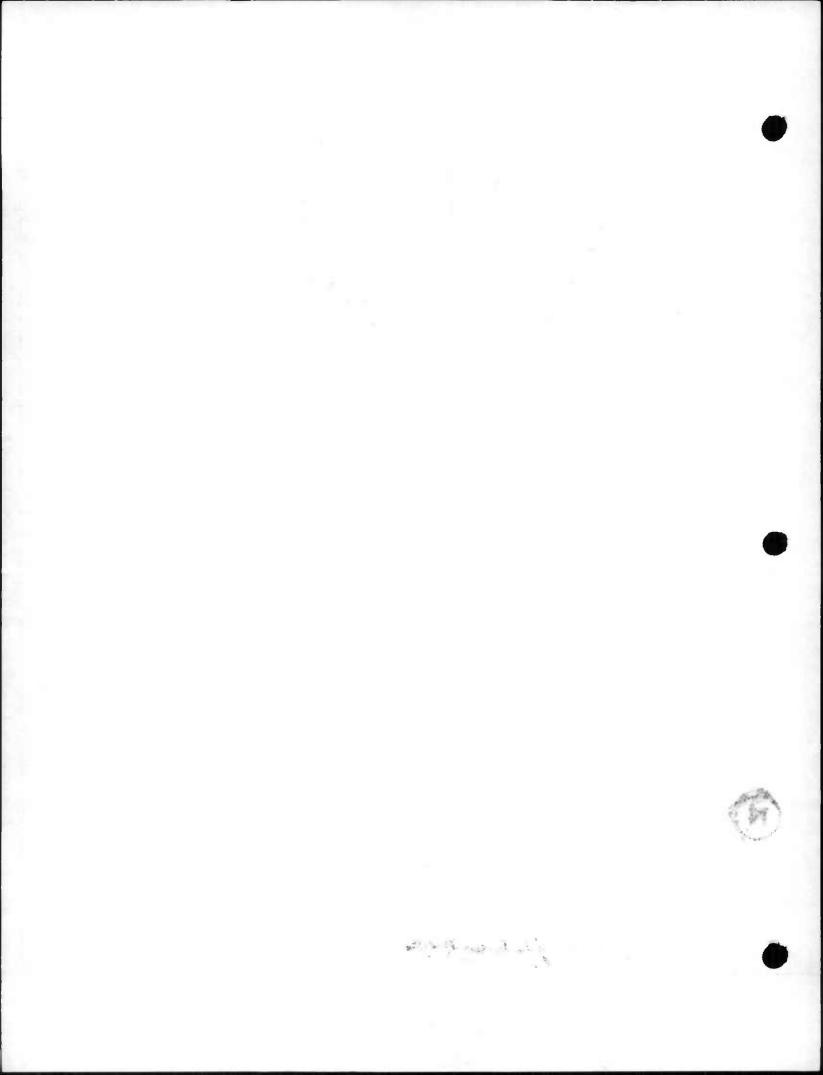
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	FOR 1 - STATE	STATE OF MARY	LAND / DEPAI	RTMENT OF	HEALTH AND	MENTAL HYGIFA	ے رہے JF	. 66146
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) James		CERTIF Richburg	Jr.	F DEATH	REG. NO		3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 249–34–5388	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 2 23	8. BIR Cou	THPLACE (State or Foreign ntry) S.C.
TOR	99. FACILITY NAME (If not institution, give 1203 Thompson Aven RESIDENCE OF DECEDENT				evern		Anne A	DEATN
DIRECTOR	MD Anne	TY		evern	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		Avenue			101. ZIP CODE	21144	USA	WHAT COUNTRY?
B	11 MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 YES IF YES, GIVE WAR OR	2 NO	If yes,	ECENDENT OF NISPAN specify Cuben, Mexica ES 2 (), NO Specify	HC ORIGIN? (Specify Yen, Puarto Ricen, atc.)	Bis	CE — American Indian, lick, White, atc. India: Black
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) 8th	JCATION e completed) College (1-4 or 5+)	160. DECEDENT'S (Give kind of life. Do NOT u. Truck Di	work done during se retired.)	TION most of working		oness/industry	d
111	17. FATHER'S NAME (First, Middle, Lest) Flegner Richbu	rg			Mary	ME (First, Middle, Melden Richardson		
2	190. INFORMANT'S NAME (Type/Print) Betty Griffin		19b. MAILING 75.	ADORESS (Street	Tree Ct. H	anover, Md.	vn, State, Zip Code) 21076	
	29s. METHOO OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	b. PLACE AND DATE: metery, cremetory or o Meadowride	pe Cemete 22. NAME	YY AND ADDRESS OF FAC	8-19 Clury	Balto.	
	23. PART I. Enter the disesses, or shock or heart fellure	complications that cause	d the deeth. Do r	4300	CH FUNERAL H O Wabash Ave node of dying, auch	nue Baltimo	re, MD 2	21215
	IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	panor	eatic C		2			Interval Between Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	b	A CONSEQUENCE OF					
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in deeth) LAST	C. DUE TO (OR AS	A CONSEQUENCE OF	F):				
O	PART II. Other significent condition	ns contributing to death	but not reculting	In the underly	ng ceuse given in i	Part I. 24s. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL							1 U YES 2 NO
YSICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER:	PLACE OF DEATH (Che		Hone	•
ВУ	27. MANNER OF DEATN 1 Destural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)		M 1	VORK?	28d. OEŞCRIBE HOW I		
COMPLETED	3 Suicide 6 Could not be determined	26e. PLACE OF INJUR' building, etc. (Spe	cffy)			261. LOCATION (Street a City or Town, State)		Route Number,
COMP	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my know	riedge, death occurre	n, in my opinion,	te end place, end due to death occured at the to	to the cause(s) and mer	nner se atated. d due to the cause	(e) end menner es stated.
TO BE	296. SIGNATURE AND TITLE OF CENTIFIE	acsu mr)		29c, LIGENSE NUM	67	> 8-/4	(Month, Day, Year) 4-92
	30. NAME AND ADDRESS OF PERSON WH 269 FEMULSULU 31. DATE FILEO (Month, Day, Year)	O COMPLETEO CAUSE OF DE 10001 CO 32. REGISTRAR'S SIGN	MRNU	M, M	nd 2101	2		
	AUG 17 1992	1 Sa Davidson-1						

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		FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	D MENTAL HYGIENE REG. NO.	
	1	1. DECEDENT'S NAME (First, Middle, Last)	LEITHA Letha	PETERS		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
pine		4. SOCIAL SECURITY NUMBER 250-38-5373 90. FACILITY NAME (If not institution, give str	1 🗌 M 2 💢 F	yrs. last birthday) IF MON	UNDER 1 YEAR IF UNDER 24 HRE THE DAYS HOURS MIN	(Morth, Day, Year) 2-4-26	8. BIFTHPLACE (State or Foreign Country) S. C.
1, 2. 3 should	стоя	UNIVERSITY HO:		96.	BALTIMORE	F DEATH 90	a. COUNTY OF DEATH
Sages	DIRE	MD 10a. STATE 10b. COUNTY			WN OR LOCATION TIMORE		10d. INSIDE CITY LIMITS? 1 X YES 2 \(\text{NO}\) NO
an. ransit permit.	FUNERAL	100. STREET AND NUMBER 1010 W. BALTIMO	ORE ST. APT	324	10f. ZIP CODE 21223		U.S.A.
21215-0020 al or attending physician. for use as the burial-transit	В	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2X XNO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Mei 1 YES 2 X NO Spe		No— 14. RACE — American Indian, Black, White, etc. Specify: BLACK
21 or u	PLETED	15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	ATION 1 Ompleted) College (1-4 or 5+)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use ret UNEMP	done during most of working lead.)	16b. KIND OF BUSINE	SS/INDUSTRY
MARYLAND 2 retained by the hospital 5 should be detached for notified at once.	BE COMPL	9th 17. FATHER'S NAME (First, Middle, Lest) JAMES NELSON		ONE	18. MOTHER'S	NAME (First, Middle, Malden Surn IE BROWN	emo)
	TO B	19a. INFORMANT'S NAME (Type/Print) CHAPPEL PETERS(20a. METHOD OF DISPOSITION		1010 W	. BALTIMORE	rel Route Number, City or Town, St. E ST. APT.32	24/BALTO., MD
IMOR Page 6 ma I director, p		1 M Buriel 2 Cremetion 3 Remont 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	ral from State cemet	ery, cremetory or other p		RANI	DALLSTOWN, MD
9 = 8		+ France	3 KA	-vv			E. NORTH AVE.
50, within 24 hours appetely filled in the cremation, or referent, the median		23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Signature of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	th line.		such as cardiac or respirato	Approximate interval Between Onset and Death
P.O. BOX 68 to certificate be executed in certificate be executed in the property of the certificate prior to bur outher traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):	ne fishiha		Alman In
RECORDS requires that the d been signed by the confidently and Me shows any Injur	MEDICAL	PART II. Other significant conditions Diaboth	contributing to death but	not resulting in th	e underlying cause given	in Part i. 24a. WAS AN AUTI PERFORMED 1 YES 2	AMAILABLE PRIOR TO
TAL The lan the has	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH		
N OF VI	BY PHY	27. MANNER OF DEATH 1 Setural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJUR	TY OCCURED
	- 1	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — building, etc. (Specify	At home, farm, atreet	, factory, office	28f. LOCATION (Street and A City or Town, State)	Number or Rural Route Number,
THE HOSPITAL DI THE FUNERAL filed within 72 III	COMPLETED	one) 2 MEDICAL EXAMINER				due to the cause(s) and manner the time, date and place, and du	as stated, to the cause(e) and manner se stated.
TO THE HOSPI TO THE FUNEF be filed within	TO BE	296. SIGNATURE AND TITLE OF GERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	(S.L)	M divers on Co.	388	NUMBER 296	d. DATE SIGNED Month, Day, Year)
			MAC 2 2	~ ^	eere Sh B	Salf Md	21201
		AUG 1 7 1992	The devident of	miles.			



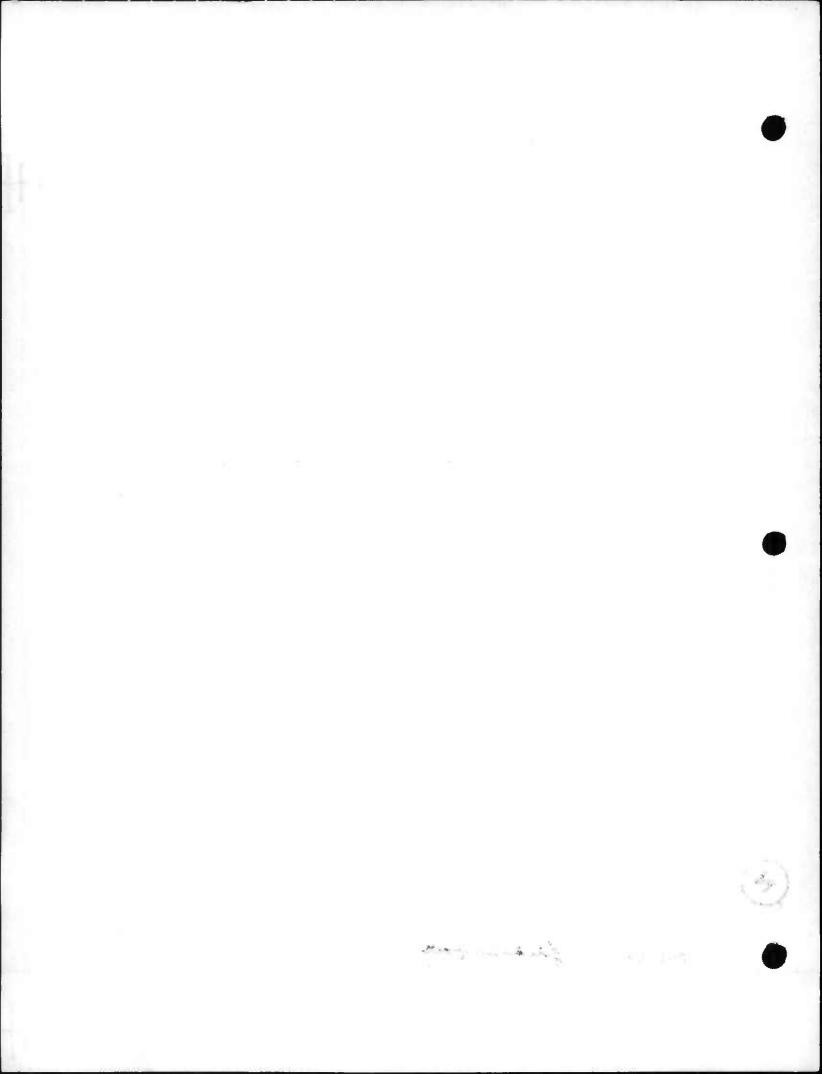
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HORSEL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Pag	TO THE WEEK THETTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di	be the wind the state death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
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	1 - STATE OF STATE OF	MARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME First, Middle, Lest) MAE	Phillips		2. DATE OF DEATH DAY	YEAR S TIME OF CEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 238 − 16 − 1346 1 □ M 2 ∑ F		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 10-3-14	8. BIRTHPLACE (State or Foreign Country) N.C.
HOT	9a. FACILITY NAME (If not institution, give street and number) Liberty Medical Cente		Baltimore	ATH 9c. COUN	TY OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY		timore		10d. INSIDE CITY LIMITS? 1 V YES 2 NO
FUNERAL	4729 Ivanhoe Ave		101. ZIP CODE 21212		S . A .
₽	1 Nover Married 2 Married FORCES?	ENT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexico 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, atc. Specify: Black
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or		done during most of working	16b. KIND OF BUSINESS/INDU	
COMP	17. FATHER'S NAME (First, Middle, Last)		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	ME (First, Middle, Malden Surname)	
BE O	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AD		Woolard noute Number, City or Town, State, Zip.	Code)
2	Lillie Johnson		Ivanhoe Ave.		MD 21212
TO BE COM	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removel from State 4 Denation 5 Other (Specify)	20b. PLACE AND DATE OF DICEMPLETY, CREMENT OF OTHER	DISPOSITION (Name of	PATE 20c. LOCATION — C	ity or Town, State
	21. BIGMATURE OF FUNERAL SERVICE LICENSEE	/	WM C . MARCH	F.H./1101 E.	NORTH AVE.
	23. PART I. Enter the diseases, or complications it ahock, or heart failure. List only one commendate cause (Finel disease or condition resulting in death)	ause on each line.	PNEUMON	ss cerdiac or respiratory srre	Approximate interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	O (OH AS A CONSEQUENCE OF): O JOH AS A CONSEQUENCE OF): S C V D	lisorder		6Hr
MEDICAL	PART II. Other significant conditions contributing to	D death but not resulting in the	he underlying ceuse given in	Part I. 249. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Input lent 2		28. PLACE OF DEATH (Che THER: Nursing Home 5 Realdence		
ву РНУ	27. MANNER OF DEATH 28e. DATE C		F 26c. INJURY AT	28d. DESCRIBE HOW INJURY OCCU	JRED
	3 Suicide 6 Could not be 28e. PLACE	OF INJURY — At home, farm, atree g, atc. (Specify)	it, factory, office	26f. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basis of	of my knowledge, death occurred at examination and/or investigation, in	t the time, date and place, and due in my opinion, death occured at the t	to the cause(s) end manner as stated	d. couse(e) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER AM9TUN H	Napem	29c. LICENSE NUM D 15	BER 29d. DATE ► 8	SIGNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	+ Balto	S,MD 21	alt-	
	31. DATE FILED (Month, Day, Year) 32. REGISTR	AR'S SIGNATURE			

BALTIMORE, MARYLAND 21215-0020

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			_			2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
	Grace	н.	Patterson				11 92	
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.1	BIRTHPLACE (State or Foreign
	226 24 2622	1 🗆 M 2 🔀 F	86 YRS.	MONTHE DAYS	HOURS MIN.	(Month, Day, Year)	- (Country)
	226-24-2609 Se. FACILITY NAME (If not institution, give s	79	00	AL 6:30	22.124	11/23/0		Virginia
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Ψ.	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPAT	ION	166. KIND OF B	USINESS/INDUST	RY
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B	Frederick Hod	ge			Rober	ta Mul	len	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural F	loute Number, City or T	own, State, Zip Coo	(io)
임	Ann S. Patterson		1602	Turin Ma-	7770	Towson. M	A 0100	1
	29a, METHOD OF DISPOSITION		20b. PLACE AND DATE				OCATION — City	
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	21. BIGHATURE OF FUNERAL SERVICE LIC	POSEE //	1 //	22. NAME A	ND ADDRESS OF FAC	CILITY		•
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EDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (O d. HOSPITAL: 1 Inpatient 2 E 28e. DATE OF IN (Month, Day, 28e. PLACE OF I building, etc CIAN: To the best of my R: On the basic of exam O COMPLETED CAUSE 1 32. REGISTRARS	R AS A CONSEQUENCE Of DEATH (ITEM 27) (Type 2300 YOIS SIGNATURE	26. F OTHER: 4 Nursing Hot EOF 28c. IN JURY M 1 street, factory, offi	PLACE OF DEATH (Che	PERF 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, Steet) to the cause(e) and mittime, date and place,	ORMED? 2 NO NO NIJURY OCCURE at and Number or R tel)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO ED No Number, sues(e) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE, Closease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	DUE TO (O d. HOSPITAL: 1 tripatient 2 E 26e. DATE OF IN (Month, Day, 26e. PLACE OF I building, etc. CIAN: To the best of my IR: On the basic of exert	R AS A CONSEQUENCE Of the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but not resulting at the path but n	26. F OTHER: 4 Nursing Hot EOF 28c. IN JURY M 1 street, factory, offi	PLACE OF DEATH (Che	PERF 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, Steet) to the cause(e) and mittime, date and place,	ORMED? 2 NO NO NIJURY OCCURE at and Number or R tel)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO ED No Number, sues(e) and manner as stated.



BALTIMORE, MARYLAND 21215-0020 SION OF VITAL RECORDS, P.O. BOX 68760,

	nsit permit. Pages 1, 2, 3 should		
ay be retained by the hospital or attending physicia	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s		t be notified at once.
he law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	and completely filled in by the funeral director,	burial, cremation. or removal.	ws any injury, or other traumatic event, the medical examiner musi
law requires that the death certificate be ex	-	5	23 shows any injury, or other traum
-	DIRECTOR: After this certificate his	bests after death with the State De	item 28 is marked, or item

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICAT	E OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Mavis B. P	otter					2.	DATE OF DEATH	ĭ, ĭ	3. TIME OF DEATH 992 1:30 p	44
	4. SOCIAL SECURITY NUMBER 139-34-5423	5. SEX 6. /	AGE (In yrs. lest birthday 94 vns.	MONTHE	ER 1 YEAR	IF UNDER 24 HI HOURS MI	ns. 7. 1	Month Day Year's	98	BIRTHPLACE (State or Foreign	
	9e. FACILITY NAME (If not institution, give si	treet and number)		9h CII	TV TOWN 6	OR LOCATION O			Sc. COUNTY	OF DEATH	_
DIRECTOR	Montgomery G		ospital		Olne		P DESIR			tgomery	
ပ္က	10e. STATE 10b. COUNTY	1	10c C	ITY TOWN	OR LOCA	TON				Lead Mining Olay	_
	MD. MONTG	OMERY	102.0		OLI					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1616 HICKORY KNO	LLS	#1		101	20832	2		10g. CITIZEN	OF WHAT COUNTRY?	
5	11. MARITAL STATUS	12. WAS DECEDENT EV		13	. WAS DEC	ENDENT OF HE	SPANIC O	RIGIN? (Specify Yes	or No.— 14.	RACE - American Indian,	
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR			If yea, sp		exican, Pu	verto Ricen, etc.)		Specify: WHITE	
	15. DECEDENT'S EDUC	CATION	18a. DECEDENT	'S USUAL	OCCUPATION	ON		16b. KIND OF BUS	SINESS/INDUST	TRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)				st of working		RETAIL	YARI		
COMPLET	12	2	NEEDLE	WOR	K INS	STRUCTO	R	10221123	1.714	. 01102	
ш	17. FATHER'S NAME (First, Middle, Last) LORENZO BENED	OICT				18. MOTHER'S		First, Middle, Meiden MOREHOU			
0 8	194 INFORMANT'S NAME CONFIDER		19b, MAILI	IG ADDRE	SS (Street a	nd Number or R	tural Route	Number, City or Tow	n, State, Zip Coo	de)	
Ĕ	HICHAEL TOTIER		9820	PAR	KW001	DRIVE	C	BETHESDA	A, MD.	20814	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 3 Other (Specify)	oval from State	20b. PLACE AND DAT cemetery, cramatory of METROPOI	other plec	6)			OATE 200. LO 3/13 ALI		IA, VA.	
į	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /					FASILIT	ER FUNERA	т ном	E 20882	
	nuril	W-13	relier	X	2152	LAYTO)NSV	ILLE RD.	LAYTON	NSVILLE, MD.	
l	23. PART i. Enter the diseases, or of ahock, or haart failure.	complications that ca	used the death. Do	not ente	er tha mo	da of dying,	auch as	cardiac or reapi	ratory arrest	Approximata Interval Between	
	IMMEDIATE CAUSE (Final	/								Onset and Daal	
	disease or condition resulting in death)	a. MT								Muldute	
Ì		DUE TO (OR	AS A CONSEQUENCE	OF):							
RTIFICATION	Sequentially list conditions,	b DUE TO (OR	AS A CONSEQUENCE	OFI:							
ğ I	If any, leading to immediate cause. Enter UNDERLYING									į	
	CAUSE (Disease or injury that initiated events	OUE TO (OR	AS A CONSEQUENCE	OF):							
	resulting in death) LAST	d							_		
- 1	PART ii. Other algnificant condition	a contributing to der	ath but not reaulting	g in the u	underivin	cause giver	n in Pari	i. 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDING	
SAL	Payland vasus	to dis in	4 server (P)	tool	r			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	Philmshe		00	0				1 🗌 YES 2	M NO	OF DEATH?	
-	CUA									1 YES 2 NO	
3	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH	(Check o	only one)			_
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpetient 3 DOA	OTHE 4 N		e 5 🗆 Reside	nce a 🗆	Other (Specify)			
PHYSICIAN: M	27. MANNER OF DEATH	28e. DATE OF INJU	URY 28b. T	IME OF	28c. INJ		-	. DESCRIBE HOW I	NJURY OCCUR	ED	
84	1 Natural 5 Pending 2 Accident Investigation	(MOTHE, Day, R	our,	M		YES 2 NO	,				
	3 Suicide 8 Could not be	28e. PLACE OF IN- building, etc.	JURY — At home, farm (Specify)	, street, fa	ctory, offic	•	281	LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,	П
	4 Homicide determined							on, or rown, orano,			
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my	knowledge, death occu	rred at the	time, date	and place, and	due to th	he cause(s) and mar	nner ea stated,		
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of exami	nation and/or investiga	tion, in my	opinion, d	eath occured at	t the time	, date and place, an	d due to the ca	suse(s) and manner as stated.	
B D	29b. SIGNATURE AND TITLE OF CERTIFIER		77			29c. LICENSE			29d. DATE SI	GNED (Month, Day, Year)	
0	Arthur Schoe					1187	26		> 8/1	1/52	
-	30. NAME AND ADDRESS OF PERSON WHO	o completeo cause o		pe, Print)	he		332				
	31. DATE FILED (Month, Day, Year)	-62, REGISTRATA		7	- (-
	UG 17 1992 July	- Junior of	-								

A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEET WAS A SHEE

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			ERTIFI	CAIE	E OF	DEA	I H	2. DATE	OF DEATH),		3. TIME OF I	DE ATH
EDITH	М.				PRIN	ICE.		MONT 08	1.	AY 1	992	12:31	P. •
	5. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		6. BIRTH	PLACE (State	
214-20-7318	1 D M 2 F	82	YRS.	MONTHS	DAYS	HOURS	MPI.	8	1. Day, Year)		Countr	C.	
9a. FACILITY NAME (If not institution, give stre	eet and number)			9b. CITY	, TOWN O	R LOCATI	ON OF DE	EATH		9c. COU	NTY OF D	EATH	
2700 LAURETTA AVE				BAL	TIMO	RE C	CITY						
10a. STATE 10b. COUNTY			10c. CITY	, TOWN C	OR LOCAT	ION						10d. INSIDE	CITY
Md.			Ba	lti	more	е						LIMITS?	
10e. STREET AND NUMBER					101.	ZIP COD	E			10g. CIT	ZEN OF Y	VHAT COUNTR	Y7
2700 Lauretta						212	223				U.S		
11. MARITAL STATUS 1 Never Married 2 Married		YES 2	RMED NO		II yes, spe	city,Cuba	m, Mexica	n, Puerto I	17 (Specify Yes Rican, etc.)	s or No—	14. RACE Black	— American c, Whita, etc.	Indian,
3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	1 TYES	2 🗂 NO	Specify	y:			Speci	Black	
15. DECEDENT'S EOUC.	ATION omp/shed)	16a. E	ECEOENT'S U	USUAL O	CCUPATIO	N .	-	16b	KIND OF BU	SINESS/INC		DIACK	
Elementary/Secondary (0-12)	College (1-4 or 5		'Give kind of wi fe. Do NOT use	ork done (p retired.)	during mos	st of world:	ng						
17. FATHER'S NAME (First, Middle, Lest)									Middle, Malden				
Joseph Flemin	g					Jo	ann	a Da	aniel	S			
				and a Color of									
19a. INFORMANT'S NAME (Type/Print)		1					r or Rural F		ber, City or Tow	.,			
James Prince			2700	La	uret	tta	r or Rural F	. Ba	a:to.	Md.	21	223 S	on
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O.C.M.E

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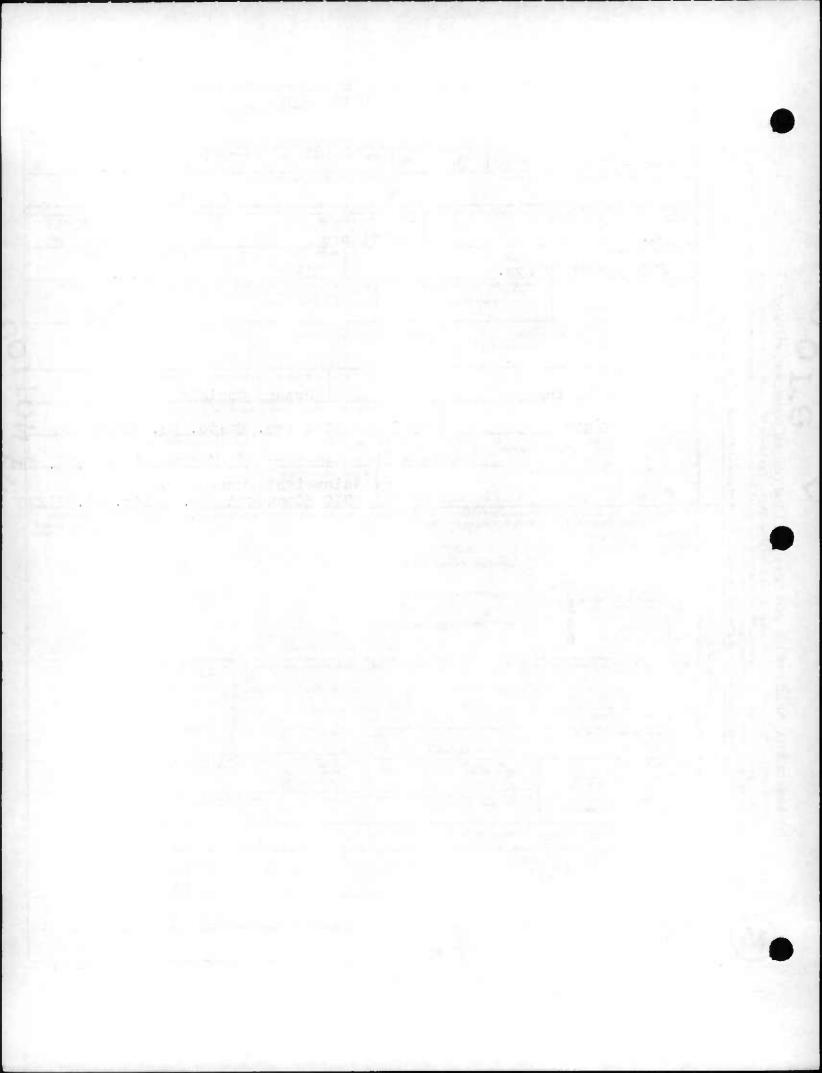
F.GOLLE 31. AUG 1 7 1992

MARIO

32. REGISTRAR'S SIGNATURE

M.D.

DHMH-16 Rev 1/89



1	-	STATE REGISTRAR

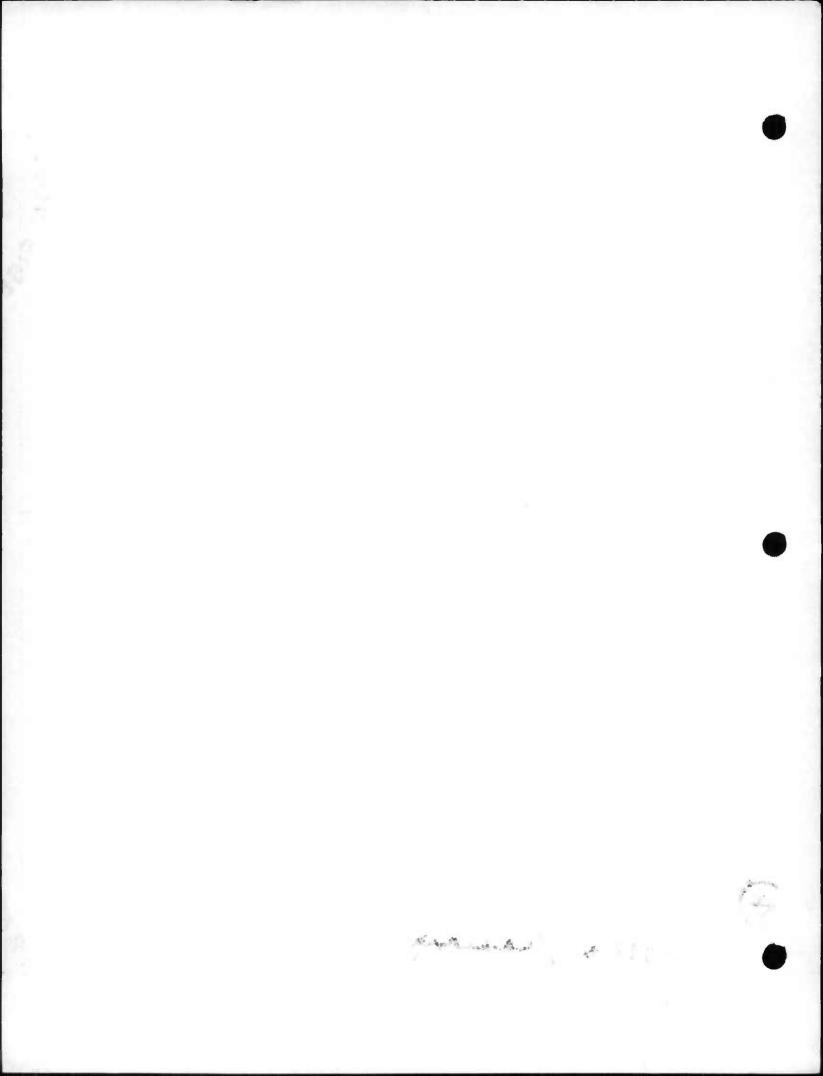
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			OL	ENTIFIC	MIEUT	PLAIII	REG.	NO.		
- 11	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY / YEAR 3. TIME OF DE									
	CLAUDE DUVAL ROSSE							8 14		8:45
	4. SOCIAL SECURITY NUMBER 5. SEX 5. SEX 6. AGE (in yrs. lest birthday) 185-09-3444 1 N M 2 F 80 YRS. MONTHS DAYS HOURS						7. DATE OF BIRTH (Morith, Day, Year OCT 31)	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give	street and number)		9	b. CITY, TOWN (OR LOCATION OF DE			TY OF DEA	
CTOR	ST. AGNES HOSPITAL BALTIMORE									
Ĕ.	10a. STATE 10b. COUNT		10c. CITY, 1	TOWN OR LOCAT	TION		10d.			
DIRE	MARYLAND BAL		CATO	ONSVILL	E		10d. IN			
A	10e. STREET AND NUMBER		101	I. ZIP CODE		10g. CITIZ	EN OF WH	AT COUNTRY?		
<u> </u>	104. STREET AND NUMBER 104. STREET AND NUMBER 104. STREET AND NUMBER 105. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 107. STREET AND NUMBER 108. STREET AND NUMBER 108. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. S									
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ETED	15. DECEDENT'S EOU (Specify only highest grad		(GA	ive kind of worl	SUAL OCCUPATION		16b. KIND OF	BUSINESS/INDU	JSTRY	
ا پ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use n	retired.)		CDT T	THEFT OF	ED	
COMPL	17. FATHER'S NAME (First, Middle, Last)	2YRS.		ARCHII	LECT			-EMPLOY	ED	
	ERNEST ROBERT	ROSSE				The second second	ME (First, Middle, Mei CTTC I		NT	
H	19a. INFORMANT'S NAME (Type/Print)	KOSSE		- MAN INC	DORES (C	ANNAB		ROBINSO		
2	CLAUDE D. ROSSE						Route Number, City or LDWIN, MI		_	
	20a. METHOD OF DISPOSITION		1							00.4
H	1 Buriel 2 Commetton 3 Ren 4 Donatton 5 Other (Specify)	noval from State	cemetery, crer	metory or other	DISPOSITION (Na r place)	ime Of	1	LOCATION — C		ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	METRO	CREMA		ND ADDRESS OF FA		TITION	riz riz	TKILLAND
	· 1/1/1/	1/	//		HUBBA	RD FUNER	AL HOME,			
	23. PART I. Enter the diseases of	///		1			AVE, BALT			21229
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	. SER	212							Onset and D
ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. PER DUE TO (OF		DUENCE OF):	VAS	RTIC	DISB!	ter tem		
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (O) c. DUE TO (O) d	P AS A CONSEO	DUENCE OF):			Part I. 24a. WAS	AN AUTOPSY		
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DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



·	FOR 1 - STATE REGISTRAR	STATE OF MAR		/ DEPARTMENT OF		ENTAL HYGIEN	IE	C 22149			
	1. DECEDENT'S NAME (First, Middle, Last)	Lloyd	W.	Smith	1+	08-13-	-92	S. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 216-05-4890 9a. FACILITY NAME (If not institution, give si	1 M 2 F	78	YRS. FUNDER 1 YEA MONTHS DAY 9b. CITY, TOW		June 3,	1914	BIRTHPLACE (State or Foreign Country) Maryland			
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	MALYLAMD 10s. STREET AND NUMBER			10c. CITY, TOWN OR LO			10a CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?			
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BE CON		C. Smit			18. MOTHER'S NAME Carri	e E.	Sorte				
2	199. INFORMANT'S NAME (Type/Print) Mrs. Ann E. Fishe	r		19650 White	et and Number or Rural Rou Saddle Dr		on, State, Zip Contown, M				
	20e. METHOD OF DISPOSITION 1	oval from State	cemetery, o	EAND DATE OF DISPOSITION Cremetory or other place)				or Town, Stata			
)	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Paul L. I	Hartso	ck, Jr. 22. NAME	nard J. Ruc	™ Balti	owson.M more,M 5305 H	D 21214			
	23. PART I. Enter the diseases, proshock, pr heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only Dna cause o	AL AL	FAILA		as cardiac or reap	iratory arrast	Approximata Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): URINARY TRACT INFECTIONY DUE TO (OR AS A CONSEQUENCE OF):										
PHISICIAN: MEDICAL C	PART II. Other significant condition	a contributing to dee		t resulting in the underly	ring ceuse given in Pa	PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
S S S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	uceniya.			PLACE OF DEATH (Check	only one)					
2	1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/ 26e. DATE OF INJU			INJURY AT 2	Other (Specify)	Numer Address				
10	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	9 8 ()	INJURY M 1	WORK? YES 2 NO						
E	3 Suicide 6 Could not be determined	building, etc.	(Specify)	home, farm, street, factory, o	ffice 2	8f. LOCATION (Street City or Town, State,	and Number or I)	Rural Route Number,			
COMPLEIED				death occurred at the time, or investigation, in my opinion				suse(s) and manner as steled.			
	29b. SIGNATURE AND TITLE OF CERTIFIEF	. Am	can		29c. LICENSE NUMBE	R		GNED (Month, Day, Year) - 13 - 92			
	DR. GEDYGE DUNG	hy, Good	SAV	MARITHN HO	Pith BAL	Thores	MD	21235			
	AUG 17 1992	22. REGISTRAR'S	SIGNATURE	M				DMAN 46 Page 4/00			



AUG 17 1902 July Surface Marines

BALTIMORE, MARYLAND 21215-0020

STATE (OF MARYLAND / DEPARTMENT OF HEALTH AND MENT/	AL HYGIENE
2	CERTIFICATE OF DEATH	REG NO

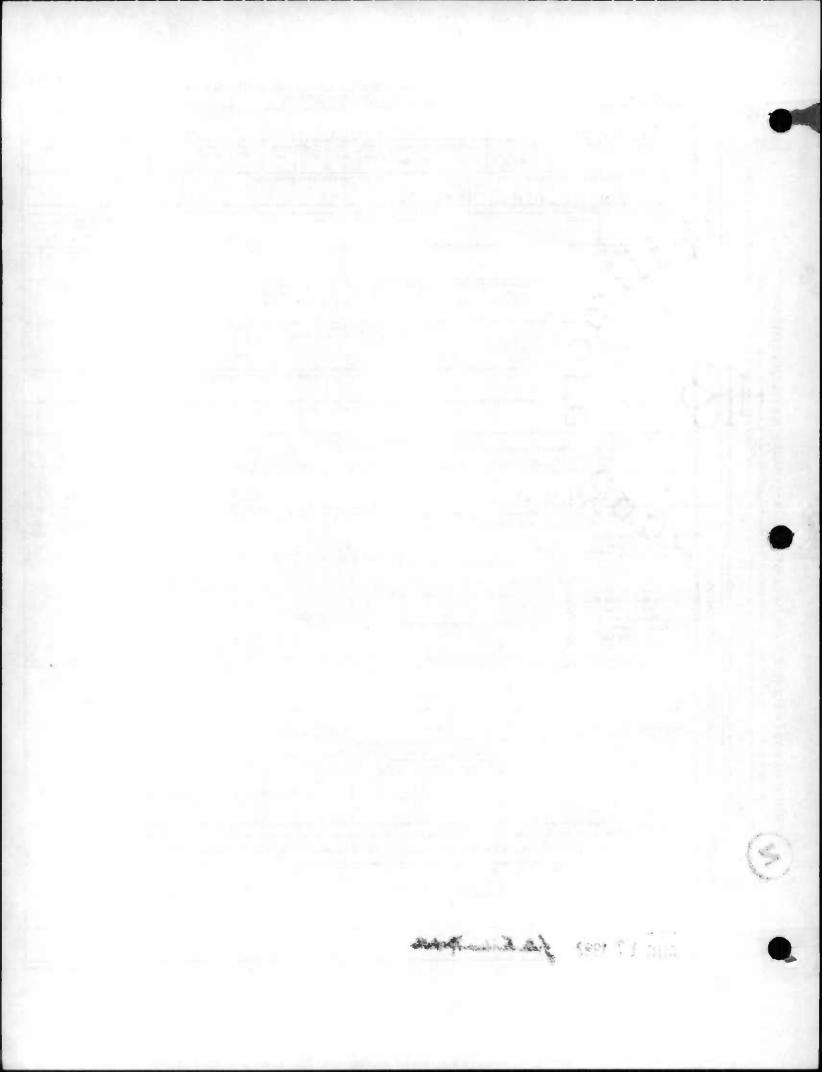
	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	ANNA	S. STO			2. DATE OF DEATH	DAY YEA	3. TIME OF DEATN			
	ANNA STOKVIS 4. SOCIAL SECURITY NUMBER 5		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	AUGUST 14	, 1992	7:45 P M			
		□ M 2 💢 F 63		MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 9,	1929	Maryland			
~	9e. FACILITY NAME (If not institution, give street			9b. CITY, TOWN C	OR LOCATION OF OR		9c. COUNTY O				
101	THE JOHNS HOPKINS	HOSPITAL		BALTI	MORE						
DIRECTOR	Maryland Balti		, town or locat Timoniur			10d. INSIDE CITY LIMITS? 1 YES 2XX NO					
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?			
JNE!	290 E. Padoni	a Road 2. WAS DECEDENT EVER IN I	I C ADMED	1	21093			.S.A.			
BY FL	1 Never Merried 2XXMarried 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DAT	XXNO	If yes, spe	ENDENT OF NISPAN ecity Cuben, Mexical 2XNO Specify	IC ORIGIN? (Specify Yen, Puerlo Rican, atc.)		ACE — American Indian, Black, White, etc. Pacify: White			
<u>E</u>	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION noleted)	18e. DECEDENT'S L	JSUAL OCCUPATIO	ON st of working	16b. KINO OF BU	ISINESS/INDUSTR	Υ			
COMPLETED		College (1-4 or 5+)	Ilfe. Do NOT use	retired.)		etolosy &	Barbers				
00	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Maider					
BE	Anthony Testani 19a. INFORMANT'S NAME (Type/Print)		1 105 111111111111111111111111111111111		Carme!		-				
10	Harry A. Stokvis			As #10	nd Number of Rural F	loute Number, City or Tov	m, State, Zip Code;)			
	20e. METHOO OF DISPOSITION	from State 20b.P	LACEANODATEO	F DISPOSITION (Na	me of	OATE 20c. LC	OCATION — City o	r Town, State			
	Buriat 2 Cremetion 3 Removal Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS		aney Va	lley Men	n. Gards.	8-18-92	Timoniu	m, Maryland			
			0	Ruck 7	Cowson Fu	neral Hom	•				
	1050 York Road, Towson, Md. 21204										
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel										
	disease or condition resulting in desth) s	Pseudo	monas	5 5	itas	cemio		\$ 5days			
		DUE TO (OR AS A C	hama	:				10.00			
5	Sequentially list conditions, if any, leading to immediate	OUE TO TOR AS A C	ONSFOUENCE OF		1 Na	11		12/88/79			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury		12/88/4								
E	that initiated evants resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF)	•							
	d										
CAL	PART II. Other significant conditions of	ontributing to death but	not recuiting in	the underlying	csuse given in i	Part I. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
PHYSICIAN: MEDIC						1 YES :	XNO	OF DEATH?			
N			- 54					1 TYES 2 NO			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PL	ACE OF DEATN (Che	ck only one)					
HYS	1 VES 2 NO 1	28a. DATE OF INJURY		■ Nursing Nome	5 🗆 Residence		N HIEV OCCUPE				
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WOR		28d. DESCRIBE NOW INJURY OCCURED					
COMPLETED E	Accident Investigation 28e. PLACE OF INJURY — Al home, farm, atreet, fectory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number, City or Town, State)										
PLE	290. CERTIFIER Check only	: To the bast of my knowled	ge, death occurred	at the time, date	end place, end due	to the cause(s) and me	nner as stated.				
NO.	one) (2 MEDICAL EXAMINER: O	n the basis of examination s	nd/or investigation,	in my opinion, de	eath occured at the t	ime, date end place, er	id due to the caus	e(s) end menner es stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	71.46.5	mr		29c. LICENSE NUM	BER JHH	29d. DATE SIGN	ED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WNO CO	OMPLETED CAUSE OF OFAT	H (ITEM 27) /Kine 5	Print)	J77	096	8	14192			
	Johns Hapkins 31. DATE-FILED (Month, Day, Year)	1 STOPE WAI		000 N.	THE JOHN	R HOPKINS	HOSPIT	21205			
	AUG 17 1992	The state of the									

The state of the second second attent only a conmind as factors

	CONTRACTOR INCIDENT INCIDENT OF CITY INCIDENT
nedical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
or removal.	be that within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
in by the funeral director, page 5 should be detach	TO THE COMPETED ATTEMPT THE THE CONTROL HAS BEEN SIGNED BY THE ATTENDING PHYSICIAN AND COMPLETED HIS TIME IN THE FUNDER DIRECTOR, PAGE 5 Should be detach
ours after death. Page 6 may be retained by the hos	TO THE MODERNIA ATTENDING PROSIDABLE The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos
BALTIMORE, MARYLAN	PIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE-FINED (Month, Day, Year)
AUG 17 1992

	1 - FOR STATE REGISTRAR	STATE OF M			RTMENT					HYGIEN REG. NO.	E	32 22151	
	1. DECEDENT'S NAME (First, Middle, Last)	D.		50	shmid +				2. DATE OF DEATH MONTH DAY			SEAR 10 108 A M	
	4. SOCIAL SECURITY NUMBER 213-01-6118	5. SEX 6. AGE (In yrs. last birthday) 1 M 2 F 81 YRS.		IF UNDER				7. DATE OF (Month, D		10	BIRTHPLACE (State or Foreign Country) Maryland		
NO.	9a. FACILITY NAME (If not institution, give a FOISTON G	reet and number)	Hosp	ital	9b. CITY, TOWN OR LOCATION OF DEATH Fallston						9c. COU	of ord	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		TICAP	_	ry, town o						mai	10d. INSIDE CITY	
		imore		Ba	ltim	ore						1 YES 2 X NO	
RAI	14 Perhall Ct.						1. ZIP COD				1012	FIZEN OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Mever Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	RMED NO		WAS DEC	ENDENT (OF HISPAI	NIC ORIGIN? (I in, Puerto Rice /:	Specify Yes in, etc.)		14. RACE — American Indian, Black, White, etc. Specify: White	
TED	16. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, Di	ECEDENT'S	Work done	CCUPATIO	ON ast of worldi	ng	16b, Ki	ND OF BUS	SINESS/INI		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		nel D				Ref	tail			
CON	17. FATHER'S NAME (First, Middle, Lest)						18. MOT		ME (First, Mide				
BE	John Schmidt		146	b MAII IN	ADDRESS	(Otmod a		dale	na l	March			
2	John C. Schmidt								more,				
	20a, METHOD OF DISPOSITION 1 W Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE cemelery, co	AND DATE	OF DISPOS	ITION (Na	me of	3-19	OATE	20c. LO	_	- City or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC ROY H. Cath			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22.	NAME A	ID ADDRE	SS OF FA	CILITY				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (on AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETON OF CAUSE OF DEATH? 1 YES 2 NO									AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				-	26. PL	ACE OF D	EATH (Ch	eck only one)				
YSIC	1 TES 2 NO	EXAMINER? HOSPITAL:					26. PLACE OF DEATH (Check only or OTHER: 4 □ Nursing Home 5 □ Residence 6 □ Othe						
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, Da		28b. TIN	JURY M		URY AT RK? (ES 2] но	26d. DESCRIBE HOW INJURY OCCURED				
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At he rtc. (Specify)	ome, term,	atreet, fact	ory, offic			281. LOCATIO	ON (Street e. own, State)	nd Number	or Rural Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE											ited. he ceuse(e) end manner ee stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER Y Conanctio	Sile	ine	ms	7			NSE NUN				TE SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SIU	M 27) (Type	Print)	n	/	FO	11500	.1 1/2	ad	210112	



	ne burial-transit permit. Pages 1, 2, 3 should	
or attending physician.	or use as the burial-transit	
be retained by the hospital	ige 5 should be detached for use as th	aminer must be notified at once.
s after death. Page o may	ficate has been signed by the attending physician and completely filled in by the funeral director, page 5 s. State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dical examiner must b
Secured Willing 24 Hours	in and completely filled in to burial, cremation, or r	her traumatic event, the medical exar
at the usath certificate be	by the attending physicia and Mental Hygiene prior	ny injury, or other trau
I would like law legulles in	EETOR After this certificate has been signed by the attending physic	m 28 is marked, or item 23 shows any injury, or ot
A ALIENDING PRITE	RECTOR: After this certific ars after death with the Si	m 28 is marked,

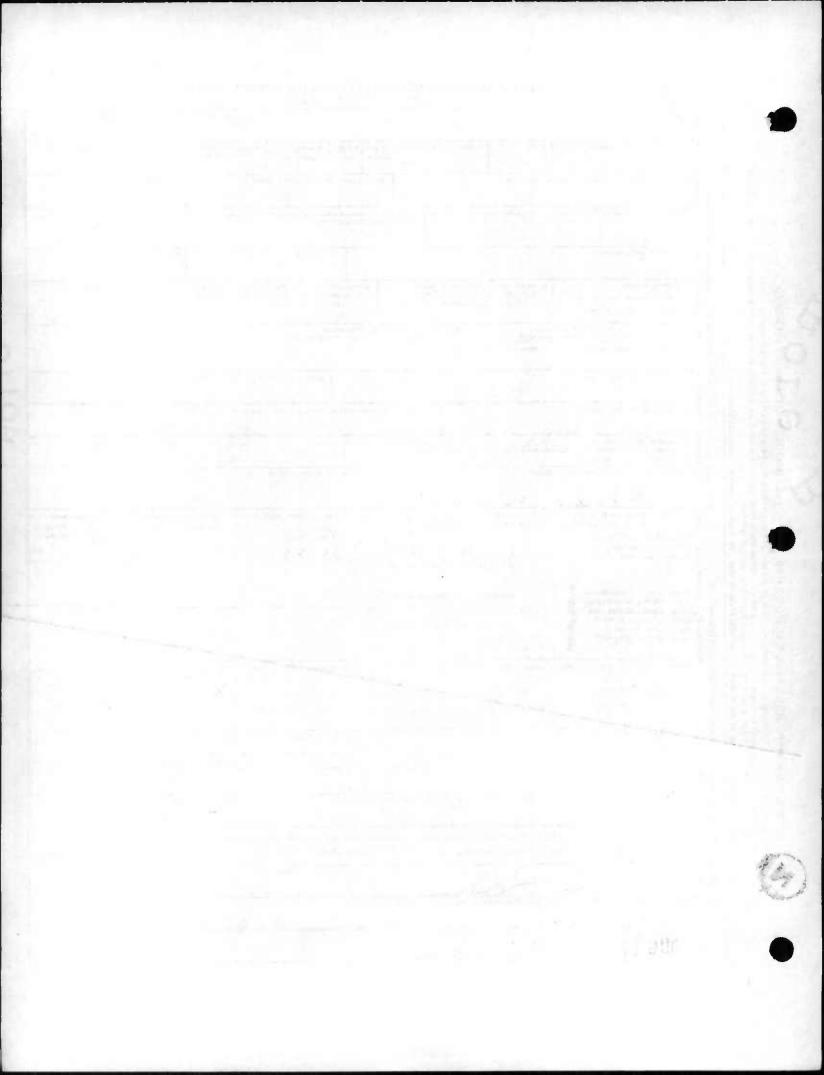
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTA	L HYGIEN	L	6	22/52
		THROCK	MORTON	/		2. DATE MONTH	OF DEATH	NY Y	FAR	TIME OF DEATH
	057011979	1 - M 2 F G	yrs. last birthday) #F	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State Country) N. Y.				ACE (State or Foreign		
TOR	90. FACILITY NAME (If not institution, give street and number) GOOD SAMARITAN HOSPITAL BALTIMURE RESIDENCE OF DECEDENT 90. COUNTY OF DE									TH
DIRECTOR	Maryland Baltin	more		own on Locat	ION					d. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	8710 Emge Road				21234			U.S.		T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yee, sp	ENDENT OF HISPAN Helfy Cuben, Mexica 2 NO Specify	n, Puerto i	i? (Specify Yee Rican, stc.)		Black, W Specify: Vhit	American Indian, thite, atc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 12 Yrs.	College (1-4 or 5+)	18e. DECEDENT'S USI (Give kind of work life. Do NOT use re Clerk	JAL OCCUPATION done during motired.)	N st of working			SINESS/INDUS	TRY	
MO	17. FATHER'S NAME (First, Middle, Lest)		CIEIK		16. MOTHER'S NA			Evening	Post	
BEC	Charles Throckmo	orton			Martha			,		
0	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e	nd Number or Rural F			n, State, Zip Co	de)	
-	Ruth Sammis		967 Ra	dcliffe	Rd., Ba	alto.	, Md.	21204		
	20a. METHOD OF DISPOSITION 1	ral from State	PLACE AND DATE OF D Place, crematory or other LICOP SERVIC	e Corp.	8-15			SON, Md.		State
	21. SIGNATURE OF FUNERAL SERVICE LICES ROY H. Cather Roy H. Cather				J. RUCK, I		305 Ham	ford Rd.	.Bali	toMd. 21214
	Leonard J. Ruck, Inc., 5305 Harford Rd., Bal 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. SEPTIC SITOCK							1	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL CI	PART II. Other aignificant conditiona DENTY OR	contributing to desth bu	it not resulting in t	Part I.	24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO			FRE AUTOPSY FINDINGS ANABLE PRIOR TO MPLETION OF CAUSE DEATHY YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL THER:	ACE OF DEATH (Che	eck only on	•)			
IXSI		Inpetient 2 - ER/Outpe	itlent 3 DOA 4	Nursing Hom	5 🗆 Residence					
ву РЬ	1. Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME OF	M 1 1 1	RK? ES 2 NO	28d. DES	CRIBE HOW II	NJURY OCCUR	ED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm, stree (y)	t, factory, office			ATION (Street a or Town, Stete)	ind Number or f	Rural Rout	e Number,
COMPLETED		AN: To the best of my knowle On the best of examination							euse(e) er	nd menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	- M.O			29c. LICENSE NUN	ABER		29d. DATE SI	ONED (ME	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO DENNIS ROY IMPERIO				THE 560	1 wa	H RAVE	N BL	VP 21	234
DENNIS ROY IMPTRIO, M.D. GORD SIMMERITH HOSPITH SHOTHING, MD 21239 31. DATE FILED (MONTH, Day, 1601) 32. BEGISTAAR'S SIGNATURE ALC 1 7 1992										

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	1 - STATE REGISTRAR	STATE OF N	MARYLAND) / DEPAR	TMEN	T OF H	DEAT	AND I	MENTAI	HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Las	1)		<u> </u>	IOAII		DEA			OF DEATH			3. TIME OF DEATH
	CHESTER E. VOI	NSAVAGE							AUG			YEAR 2	3:08 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs.	last birthdey)	IF UNDE		IF UNDER		7. DATE	OF BURTH		S. BIRTH	PLACE (State or Foreign
	208-16-6857	170 M 2 🗆 F	65	YRS.	MONTHS	DAYS	HOURS	MIN.	10-	14-26		Per	nsylvania
~	9a. FACILITY NAME (If not institution, give				l .			ON OF DE			9c. COUN	TY OF DE	EATH
0	THE JOHNS HOPKINS	5 HUSPITAL	4		B.	ALTI.	MORE			BALT	IMOF	RE CITY	
DIRECTOR	10a. STATE 10b. COUN			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
Ö	PAS Luze	rne		E	dwa	rdsv	ill	е		1			LIMITS?
AL	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITIZ		HAT COUNTRY?
FUNERAL	137 Zerby Av						18	704			U.	S.A	
F	11_MARITAL STATUS 1 Prover Married 2 Merried	12. WAS DECEDENT FORCES? 1	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN	? (Specify Yes	or No—	14. RACE	- American Indian, White, atc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES					Specify		itemit, etc.)		Specif	
	15. DECEDENT'S EC	DUCATION	16a.	DECEDENT'S	USUAL O	CCUPATIO	DN .		160	KIND OF BUS	INESS/INDI	ETDV	WILL CE
ET.	(Specify only highest gra-		,	(Give kind of life. Do NOT us	work done se retired.)	during mo	st of working	g	100.		INC33/INDO	Jini	
MPL	High School	6 Years	S	chool	Tea	ache	r			Educa	tion	L	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									liddle, Malden	Surname)		
BE	Stanley Von	savage	-							oski			
2	19a. INFORMANT'S NAME (Type/Print) Bernadine Pars	one	h	19b. MAILING	ADDRES	S (Street a	nd Number	or Rural A	loute Numb	er, City or Town	, State, Zip (Code)	
			200 PLA					• B1		ton,			
	20 METHOD OF DISPOSITION 1										vn, State		
	21. SIGNATURE OF FUNERAL SERVICE L	ICEMBE	12	OOII	22.	NAME AN	D ADDRES	SS OF FAC	BERI	0/ 72	vall	as,	PA
	Am MI	mi	00	CES	20	AVIT	11/15	STOPO	BERI	BALT	2, M.	02	1231
	27 PART I. Enter the dispated of	complications that	caused the	death. Do r									
	shock, or heert feliure	. Liet only one ceu	ne on eech i	ine.			ac or ay	rig, auch	. 55 Card	oc or reepii	etory sire	ec,	Approximeta interval Between Onset and Death
	placese or condition	. SQUA	Amou.	S CE	LI.	CA	NCE	12	OF	HEAD	INE	CK	2YEART
	Transity in addition	DUE TO	OR AS A CON	SEQUENCE O	F):						1		
NO	Sequentially list conditions,	b											
ATI	if sny, lesding to immediate cause. Enter UNDERLYING	DUE 10 (OR AS A CON	SEOUENCE OF	F):								
5	CAUSE (Disease or Injury that initiated events	C. DUE TO	OR AS A CON	SEOUENCE OF	F):								
CERTIFICATION	resulting In death) LAST	d.											
	PART II. Other significant condition	ne contribution to	danah basa sa	A 101									
CAL	MYOCARDIAL	INFORCE	Tan /	ot resulting	in the un	derlying	cause g	iven in F	Pert i.	24s. WAS AN A PERFORE			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDI	77.	. 11017420	110/0						-	1 YE\$ 2	NO		OF DEATH?
Σ.									-				1 TES 2 OHO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	FATH /Che	ck only one	1			,
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Nun	₹:			B 🗆 Other				
PHY	27. MANNER OF DEATH	28a. DATE OF I	INJURY	26b. TIM	-	26c. INJU	JRY AT			CRIBE HOW IN	JURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation				М	1 🗌 Y	ES 2	NO					
	3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF building, e	INJURY — At the (Specify)	homa, tarm, s	street, tact	ory, office			281. LOCA City o	TION (Street ar Town, State)	nd Number o	Rural Ro	oute Number,
E													
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of axemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
8	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa		emination end/	or Investigatio	n, In my o	pinion, de	eth occur	ed at the t	time, date a	ind place, and	dua to the	cause(s)	and manner as stated.
BE	296. RIGHTURE AND TITLE OF SEPTIME	OL.	De				29c. LICE	NSE NUM	BER		29d. DATE	SISNED	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALLS		EUT P				- 1J : 1			- 5	14	76
	30. NAME AND ADDRESS OF PERSON W	AHPENDT	- LA	0 N. L.	UOCE	1.32	- 6	SAH	DAG	016	MAD	2121	15
	31. DATE FILED (Month, Day, Year)	32 REGISTRAF	S'S SIGNATURE				,	DIGE	_1///	JE . 1	10101	-12	
1	ALC 1 / 1992	9 he Beinde	man Hand	10 BR									

PINL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

4. SOCIAL SECURITY NUMBER 212-26-3992 9a. FACILITY NAME (If not institution, give : SHOCK TRAUMA/BALT RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	1 □ M 2 □XF 7	(In yra. last birthday) YRS.	ATERS F UNDER 1 YEAR NONTHS DAYS Ph. CITY, TOWN BALTIN	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF I	2. DATE OF DE	15 ^{AV} 9	3:00 BIRTHPLACE (State or Fo						
212-26-3992 98. FACILITY NAME (II not institution, give : SHOCK TRAUMA/BALIT RESIDENCE OF DECEDENT 106. STATE MD BA 106. STREET AND NUMBER	1 M 2 XF 7	4 YRS.	NONTHS DAYS	HOURS MIN.	7. DATE OF BIR (Month, Day, 1	TH (L BIRTHPLACE (State or Fo						
SHOCK TRAUMA/BALT RESIDENCE OF DECEDENT 100. STATE 100. COUNT MD BA 100. STREET AND NUMBER	itreet and number) IMORE	4 YRS.	Pb. CITY, TOWN		9 2	4 7							
SHOCK TRAUMA/BALTI RESIDENCE OF DECEDENT 106. STATE 106. COUNT MD BA 106. STREET AND NUMBER	IMORE			Second to be									
MD BA		D'All arms	IMORE BALTIMORE CITY										
10e. STREET AND NUMBER	LTIMORE	10G, CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY						
		E	DGEWO	0 D			LIMITS?						
	MΔV		10	21040)	10g. CITIZE	USA						
II. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES				ANIC ORIGIN? (Spec		4. RACE — American India						
Never Married 2 Married	IF YES, GIVE WAR OR D			3 2 NO Spec	an, Puerto Rican, e lly:	tc.)	Black, White, etc. Specify: BLACK						
15, DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	SUAL OCCUPATI	ON ost of working	16b. KIND (OF BUSINESS/INDU							
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	retired.)										
17. FATHER'S NAME (First, Middle, Lest)		1112111				faiden Surname)	N.51.60N						
HARRY C.	NELSON						NELSON						
	E. WATERS,	JR. 472	DDRESS (Street 24 OLD	nnd Number or Rura COURT	ROAD P	Or Town, State, Zip C	LE, MD 2:						
20s. METHOD OF DISPOSITION	200	. PLACE AND DATE OF	DISPOSITION (N	ame of	DATE 2	Oc. LOCATION — CI	ty or Town, State						
□ Donation 6 □ Other (Specify)	G	ARRISON											
▶ U O O	ENSEE)	MAR	CH FUN	ERAL HO	ME, WES	ST TIMORE. M						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEDUENCE OF):											
	d.	ut not resulting in	the underlyin	g cause given in	P	ERFORMED?	24b. WERE AUTOPSY FIR AMAILABLE PRIOR I COMPLETION OF C OF DEATH? 1 YES 2 N						
5. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	heck only one)								
1 X YES 2 NO				ne 5 🗆 Residence	6 Other (Specif	או							
1 Netural 5 Pending	(Month, Day, Year)	INJUR	TY WO	PRIC?									
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE DF INJURY	- At home, farm, stre			26f. LOCATION (Street and Number or							
4 Homicide determined			WAY				ER 13E						
(Check only 1 CERTIFYING PHYSI													
		i and/or investigation,	in my opinion, c										
Ast	- Lan						16/92						
		ATH (ITEM 27) (Type, Pr	rint)										
2 Hdn Sife City P	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 9 th 7. FATHER'S NAME (First, Middle, Leat) HARRY C. De. INFORMANT'S NAME (Type/Print) REV. CHARLES Do. METHOD OF DISPOSITION X) Burlal 2 Cremation 3 Rem Donation 6 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LIC A	Specify only highest grade completed) Elementary/Secondary (9-12)	15. DECEDENT'S DUCATION (Specilly only highest grade completed) Elementary/Secondary (0-12) 9 th 7. FATHER'S HAME (First, Middle, Last) HARRY C. NELSON 9a. INFORMANT'S NAME (Pipar/Print) REV. CHARLES E. WATERS, 7. ATTER'S HAME (Pipar/Print) REV. CHARLES E. WATERS, 8a. MATERS, 19b. MAILING A. 7c. METHOD O'DISPOSITION 20b. PLACE AND DATE OF certifiers 1. SIGNATURE OF FUNERAL SERVICE LICENSEE 1. SIGNATURE OF FUNERAL SERVICE LICENSEE 1. SIGNATURE OF FUNERAL SERVICE LICENSEE 1. SIGNATURE OF FUNERAL SERVICE LICENSEE 1. SIGNATURE OF FUNERAL SERVICE LICENSEE 1. SIGNATURE O'DISPOSITION 3. 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WAS CASE REFERRED TO MEDICAL EXAMINER: On the basis of axamination and/or investigation, only feeling investigation, 2 Maintenance of the basis of axamination and/or investigation, 2 Maintenance of the basis of axamination and/or investigation, 2 Maintenance of the basis of axamination and/or investigation, 2 Maintenance of the basis of axamination and/or investigation, 2 Maintenance of the part of the basis of axamination and/or investigation, 2 Maintenance of the part of the basis of axamination and/or investigation, 2 Maintenance of the part of the basis of axamination and/or investigation, 2 Maintenance of the part of the basis of axamination and/or investigation, 2 Maintenance of the part of the basis of axamination and/or investigation, 2 Maintenance of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of	S. 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215-0020	attending physicia	se as the burial-t	
BALTIMORE, MARYLAND 21215-0020	THE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physicial	DYNETAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filled within 72 hours after death with the State Dent, of Health and Mental Holene prior to burial, cremation, or removal.	d once.
E, MARY	be retained by	age 5 should b	be notified a
TIMORI	th. Page 6 may	neral director, p	miner must
BAL	hours after dea	ed in by the fur	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
8760,	suted within 24	TO THE FALL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dent, of Health and Mental Hotere prior to burial, cremation, or removal.	ic event, the
BOX 6	tificate be exec	g physician and lene prior to bu	ther traumat
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	if the death cer	by the attending	/ Injury, or o
L RECOI	aw requires that	s been signed out, of Health a	23 shows any
JE VITA	NSICIAN: The I	s certificate ha	ed, or item 2
ISION (ATTENDING PH	CTOR: After this after death wi	28 is marke
DIV	OSPITAL DR A	INTERAL DIRECTORIES	ANT: If Item
Z	C P	le filed y	IMPORTA

	1 - STATE REGISTRAR	SIMIE UF IV	/ TARYLAND CE	ERTIF						TTGIEN REG. NO.	Ł		
	1. DECEDENT'S NAME (First, Middle, Last)	Mildre	d		W	lard			2. DATE OF	DEATH	, 19	92AR	3. TIME OF DEATH 12:22pm M
	4. SOCIAL SECURITY NUMBER 239-30-9800	5. SEX	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D	PIRTH 7 - 28	3	8. BIRTHI Country	N.C.
0 B 0	9a. FACILITY NAME (If not institution, give s Maryland gener		tal		9b. CITY		alti		City		9c. COU	NTY OF DE	АТН
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY D D	,				OR LOCAT							10d. INSIDE CITY LIMITS?
FUNERAL	2150 MT. ROYAL	TERRAC	CE			101	212	-			_		HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N			Il yes, sp-	ecify Cuba	F HISPAN n, Mexican Specify	IIC ORIGIN? (S n, Puerlo Rica :	Specify Yes in, atc.)	or No—	Black,	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(Gi	CEDENT'S the lidned of a Do NOT us	work done se retired.)	during mo	st of working	g	16b. KII	ND OF BUS	SINESS/INC	CUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) JOBY HOOD				<u>,</u>				ME (First, Midd MOORE	fle, Maiden	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print) REV. CHARLES (IV 61	. 4 R	ADDRES IPPI	S (Street a	nd Number	or Rural R EAM	R D / D	City or Town	n, State, Zip	N . C .	27704
	2pa, METHOD OF DISPOSITION A Suriel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		206.PLACE A		OR'T'	AL P	ARK		DATE			LST0	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F. H. / 1101 E. NORTH AV										TH AVE.		
	23. PART I. Enter the diseasea, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	t caused the de se on each line bable m	•					aa cerdlad	or respi	ratory an	rest,	Approximate interval Between Onset and Death
Z		DUE TO	OR AS A CONSEC 1eroscle	roti	n: c ca				disea	se			
CATIC	If any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		(OR AS A CONSEC										
CERTIFICATION	that initiated events resulting in death) LAST	1	(OR AS A CONSEC	IOENCE O	-):								
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to	death but not re	esuiting	in the ur	nderlylng	cause (ilven in i		e. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN: ME	25. WAS CASE REFERRED TO MEDICAL												1 TYES 2 NO
SICI	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHE!	R:	111		6 Other (S	neoth)			
ву Рну	27. MANNER OF DEATH 1 Metural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		28b. TIM INJ		28c. INJ WO			28d. DESCRI		JURY OC	CURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — Al hoi etc. (Specify)	me, tarm, (street, fac	lory, offici			28f. LOCATIO City or To	ON (Street a own, State)	nd Number	or Rural Ro	ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 DEERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE												and menner as stated.
8E	29b. SIGNATURE AND TITLE OF CERTIFIER	Erma	/					NSE NUM	673		29d. DAT		Month, Day, Year) /13/92
10	S. Chintrisna	COMPLETED CAUS	E OF DEATH (ITEM	1 27) (Type,		Mary			neral	Hospi	ital		
	31. DATE FILED (Month, Day, Year) AUG 17 1992		R'S SIGNATURE	A							-	-	

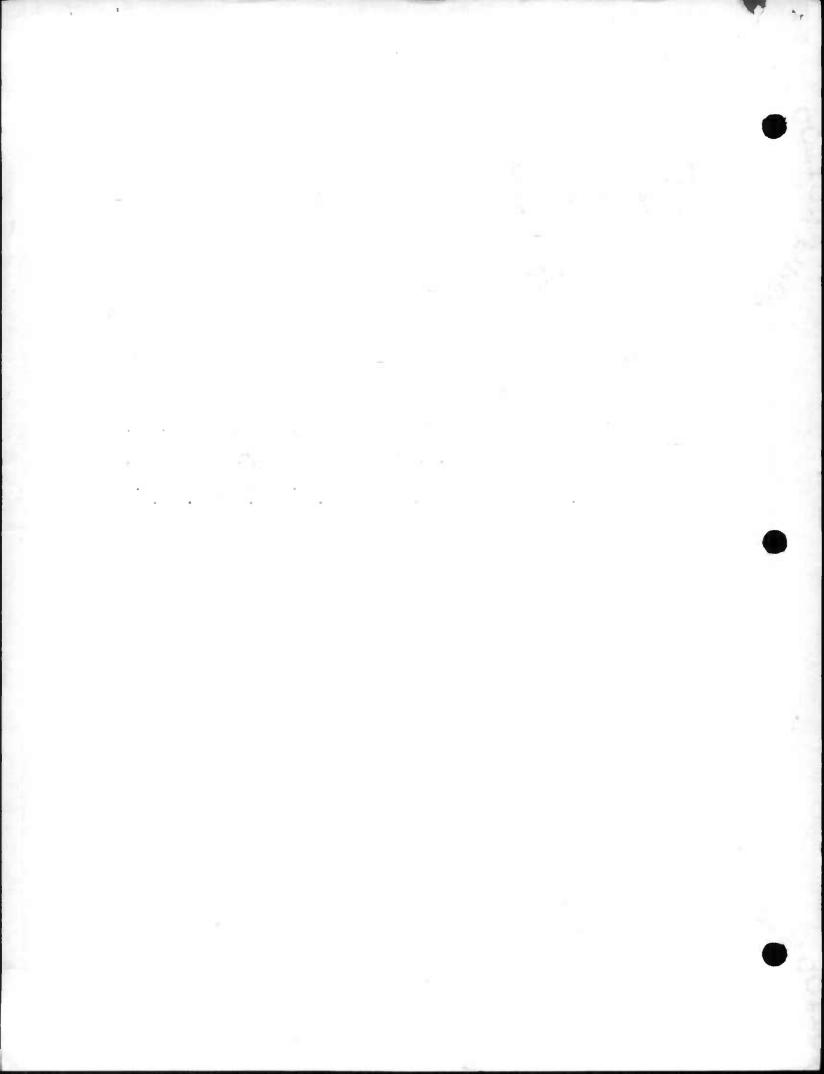
-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGI REG.
	ECEDENT'S NAME (First, Middle, Last)	hitoford	2. DATE C	

ŀ	FOR STATE REGISTRAR		STATE OF N		/ DEPAR						GIENE				
	1. DECEDENT'S NAME (First, Elizabeth		nitefo	cd						2. DATE OF DE	EATH DAY	3	9 ^{vgar}	3. TIME OF DEATH 2:30a _M	
į	4. SOCIAL SECURITY NUMB 220-34-61		. SEX □ M 2 1 F	6. AGE (In yrs.	last birthday) 1 YRS.	IF UNDER	1 YEAR DAYB	HOURS	24 HRS. MIN.	7. DATE OF BI	247/9		Countr	Md.	
HO OH	Pickersgi	ill, Ir					TOWN 0	R LOCATIO	N OF DE	ATH		9c. cou	NTY OF D	Baltimore	
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	altimo	re		Y, TOWN O		ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	100. STREET AND NUMBER 615 Chest	tnut Av	zenue		101. ZIP CODE 21204								10g. CITIZEN OF WNAT COUNTRY? USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	2. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 27	ARMED	1	f yes, spe		n, Mexical	IIC ORIGIN? (Sp n, Puerto Rican, :		or No—	14. RACE Black Speci		
PLETED	15. DEC (Specify ani) Elementary/Secondary (0 12 VTS		College (1-4 or 5-1		DECEDENT'S (Give kind of life. Do NOT u	usual or work done of se retired.)	during mos	it of working	r	16b. KING	edu			white	
BE COMPL	17. FATHER'S NAME (First, M Dixon Cor	fiddle, Last)							ier's nai XXXX	ME (First, Middle			Smit	h	
01	iss. informant's name of SMrs. Jane		rd							Phoeni:				¹ 21131	
	20a. METHOD OF DISPOSIT 1 Buriel 2 Cremetic 4 Donation 8 Other	on 3 🗆 Remove r (Specify)		of cemel	ary, cremator	Epis	_{lace)} Copa	1 ch	-15- . Ce		20c. LOC			ne Md.	
	≥ 1. SIGNATURE OF FUNERA	ACCES.						Rel:		E.F				eral Home . 21087	
	23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eert fallure. Lis	st only one cau	ise on each i	line.	not enter	the mo	de of dyle	ng, suci	h aa cardiac				Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list condit if any, leading to Imme cause. Enter UNDERLY CAUSE (Disease or Inju- that Initiated events resulting in death) LAS	odlete /ING ury c	C	OR AS A CON (OR AS A CON (OR AS A CON	D	r).	5	Ja		tur				1 hr years	
MEDICAL	PART II. Other algnifica				ot resulting	In the ur	+ F	cause g	jiven in		WAS AN / PERFORI	MED?	246	S. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER? 1 - YES 2 NO	1	HOSPITAL:	FR/Outpetler	3 🗆 2004	OTHE	R:	111		eck only one) 8 Other (Spi	eoffd)				
ву рну	27. MANNER OF DEATH	Pending Investigation	28a. DATE OF (Month, E	INJURY	28b. Til		28c. INJ WO			28d. DESCRIE		JURY OC	CURED		
		Could not be determined	28e. PLACE (building.	OF INJURY — A atc. (Specify)	1 home, farm,	etreet, fec	tory, offic	•		281. LOCATIO City or To		nd Numbe	or Plurel	Route Number,	
COMPLET	tonion only	TIFYING PHYSICIA												a) and manner as stated.	
O BE	29b. SIGNATURE AND TITLE	MH	Nil	ing				29c. LICE	25	205		29d. DA	S 13	Month, Day, Year)	
-	30. NAME AND ADDRESS O	A.	Rile	R'E SIGNATUE	no	e, Print)	6	Br	nc	- 6	7+1	C	len	le street	
	AUG 17 199		in Swide		L										



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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner i
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	within	npletely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to Durial, cremation, or removal.	vent,
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	FOR 1 - STATE		STATE OF N	IARYLA	ND / DEPA	RTMENT	OF HEA	LTH AND	MENTA	L HYGIEN	E E	6	22757
	REGISTRAR 1. DECEDENT'S NAME (First,	Middle, Last)	STANL	EK /	ZIOLKO	WSKI			2. DATI	REG. NO.			. TIME OF DEATN
	010-11-	W 54	21		unles	4			MON	8	9	Z YEAR	Z-304MH
	213 05 Z	770	5. SEX 1. M 2 F	8. AGE (In	yrs. lest birthde	MONTHS	DAYS H	UNDER 24 HRS.	(Mon	OF BIRTIN th, Day, Year) 2-20 s		Country)	ACE (State or Foreign yland
<u>س</u> ا	9a. FACILITY NAME (If not in:	_	treet and number)					OCATION OF E	EATH		9c. COUNT	Y OF DEA	TN
5	Mercy Hos					B8	alti	more				_	
DIRECTOR	10a. STATE	10b. COUNTY	~		10c. C	BA		0					Od. INSIDE CITY LIMITS? YES 2 NO
JAL	10e. STREET AND NUMBER	0	ster P	1.	A	41	101. ZH	CODE		_	10g. CITIZI	EN OF WH	AT COUNTRY?
FUNERAL	103 N	. Cer						7152				1151	4
à l	1 Never Married 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2- NO	If 3	res, specify	DENT OF NISPA y Cuban, Mexic NO Speci	an, Puerlo	N? (Specify Yes Rican, etc.)		HACE - Black, V	- American Indian, White, etc.
밑	15. DECI (Specify only	EDENT'S EDU- highest grade	CATION completed)	1	16e. DECEDENT	S USUAL OCC f work done dur use retired.)	UPATION ring most of	f worlding	16	b. KIND OF BUS	HNESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5 +)		retired.) f-Emp				Retail	L Gro	cer	
BE CON		Ziol	kowski					Ma	ry I	Middle, Maiden udwich	ci		
2	19a, INFORMANT'S NAME (7)									nber, City or Town			
	Mary Zio		K1		_					O Balt			
	1 Burial 2 Crematio	n 3 🗆 Rem	oval from State		LACEAND DAT						CATION — CI		ryland
	21. SIGNATURE OF FUNERAL	L SERVICE LIE	eber & S	Pork	(Pre)	22. NA Ge (ME AND A	A. We	ber	& Sons	Inc		
CERTIFICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentielly list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injuithat initiated events resulting in death) LAS	ons, diete	с	OR AS A CO	CONSEQUENCE	OF):)CMT	aw Pri	Many a	RYGW	Interval Between Onset and Death
MEDICAL	PART II. Other significa	nt condition	s contributing to	death but	t not resulting	In the unde	erlying co	euse given ir	Part I.	24a, WAS AN PERFOR	MED?	0	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL					26. PLACE	E OF DEATH (C	heck only o	ine)			
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpet	lent 3 🗆 DOA	OTHER:		5 ☐ Residence					
E E	27. MANNER OF DEATN		28a. DATE OF (Month, De				8c. INJURY WORK?	AT	_	SCRIBE NOW II	JURY OCCU	JRED	
λ6		Pending investigation				M	1 YES						
		Could not be determined	26s. PLACE O building,	F INJURY — etc. (Specify	- At home, farm	, street, fector	y, office			CATION (Street a or Town, State)	nd Number o	r Aural Rou	te Number,
COMPLETED			CIAN: To the best of										nd manner as stated.
l w l	296. SIGNATURE AND TITLE	OF CERTIFIE	9				29	c. LICENSE NU	MBER		29d. DATE	SIGNED (M	fonth, Day, Year)
TO B	Medi	KL)	DUD C								> ()	181	15/92
F	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAUS	G L	-		157	ROAD	, - C	Drung	1/A -	NO	0FS 797
	AUG 17	1992	SP REGISTA	HIS SIGNAT	Mande								



BALTIMORE, MARYLAND 21215-0020

RECORDS, P.O. BOX 68760,

DIVISION OF VITAL

permit. Pages 1, 2, 3 should

DIRECTOR

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CERTIFICATION

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this certificate has been signed with the State Dept. of Health a

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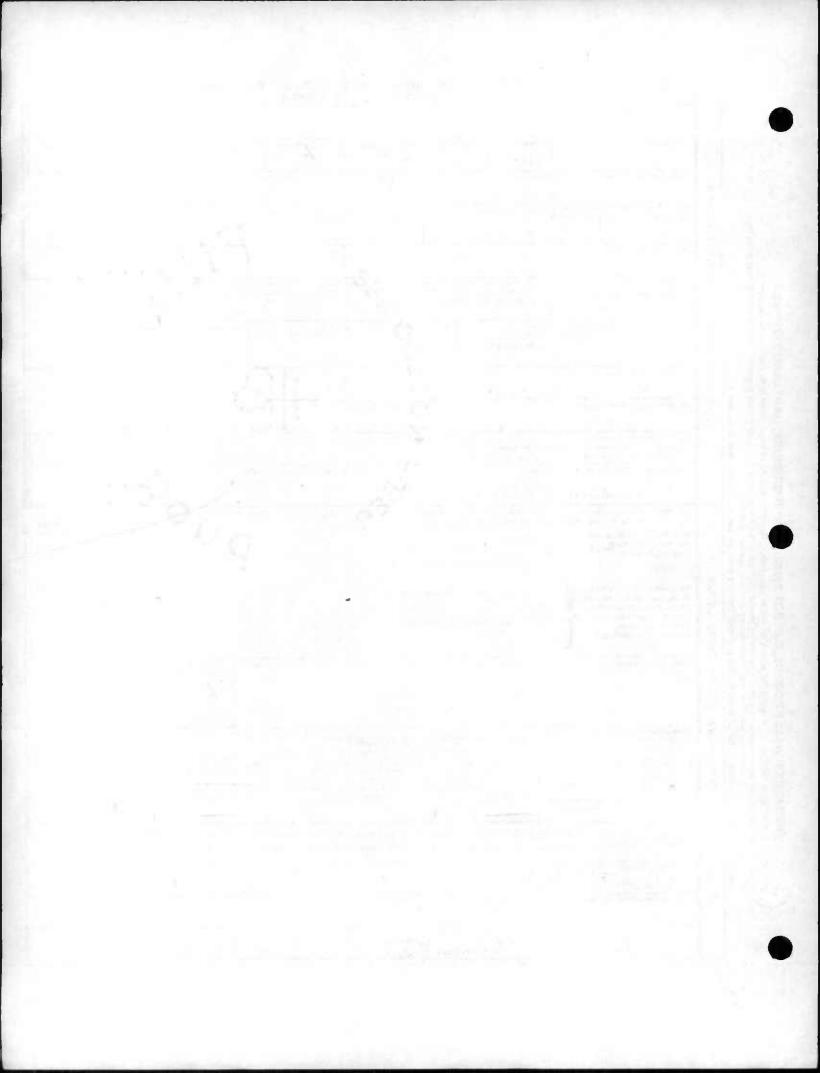
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DIRECTOR: After the hours after death v

TO THE FUNERAL DE CASE WITHIN 72 P.

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ITEMS: 23 PART I,27,28a,b,c,d,e,f PER MEO G-691 9/24/92 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR DAVID W. ARMSTRONG 08 1992 11:29 A.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 216 72 6049 1 M 2 F 32 October 24,59 Maryland 9a. FACILITY NAME (If not inetitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH 200 BLK.FRANKFIRST AVE ======== BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland ======== Baltimore 1 🙀 YES 2 🗌 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4116 Fairhaven Avenue 21226 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pu 1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced White 15. OECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) General Maintenance Self Employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Melvin J. Denlein Mary A. Armstrong 19b, MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) Mary Armstrong 4116 Fairhaven Avenue Baltimore, Maryland 21226 20e. METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Cometery, cremetory or other place)
Oaklawn Cemetery 4 Donation 5 Other (Specify) 8/18 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME ANO ADDRESS OF FACILITY Crickard E. George J. Gonce Funeral Home P.A. Davis 4001 Ritchie Hwy. Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximete shock, or heart failure. List only one ceuse on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disesse or condition DROWNING resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER: 1 X YES 2 - NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 □ Residence SQXOther (Specify) PATAPSCO RIVER 27. MANNER OF DEATH 28e. DATE OF INJURY (Month. Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED UNKNOWN Subject recovered 1 Natural 5 Pending M UNK. 1 YES 2 NO Found 8-12-92 2 Accident from water 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide Patapsco river 4 🔲 Homicide HNKNOWN Found in water HINKNOHN 1 _ CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of ex rveatigation, in my opinion, death occured at the time, data end place, end due to the ceuse(s) end manner es stated. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 08-13-1992 O.C.M.E. PERSON WHO COMPLETED CALIFE OF DEATH (ITEM 27) (Type, Print) MARTO Cros 111 PENN STREET BALTIMORE MARYLAND 21201 32. REGISTRAR'S SIGNATURE



retained by the hospital or attending physician. should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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AL UH ALI EMDING PHYSICIAN. THE IAM REQUIRES that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	4. DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach? 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	RTMENT OF	HEALTH F DEAT	AND MEN	TAL HYGIEN		92	22/59
		Armer					2.0	ATE OF OEATH	"17	YEAR 92	3. TIME OF DEATH 7:20 PM
	217-68-4889	5. SEX	6. AGE (In yrs. las	t birthday) YRS.	MONTHS DAY			ATE OF BIRTH North, Day, Year)	55	a. BIRTHP Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give st				9b. CITY, TOW	N OR LOCATIO	ON OF DEATH	7/0/-		TY OF DE	ATH
DIRECTOR	Stella Maris Hos				Tows	son			Ba	altin	pre
	MARYLAND 106. COUNTY	1		10c. CIT	Y, TOWN OR LO						10d, INSIDE CITY LIMITS? 1 XYES 2 NO
ZAL.	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZ		IAT COUNTRY?
FUNERAL	3208 GUILFORD	AVENUE				21:	218		Į	JSA	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 T	MED	If yes,	Specify Cuban	, Maxican, Pus	IIGIN? (Specify Yes rto Rican, etc.)	or No-	14. RACE - Black, Specify	
ED	15. DECEOENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL OCCUPA	TION		16b. KIND OF BUS	SINESS/INDI	ISTRY	WHITE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +) Hte.	Do NOT us	work done during se retired.)		7				
Š	17, FATHER'S NAME (First, Middle, Last)					-	ER'S NAME (FA	rst, Middle, Meiden	Sumame)		
BE	RALPH E. TOTH						ELIZA	BETH SHA	W		
2	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Street	t and Number	or Rural Route I	Vumber, City or Town	n, State, Zip	Code)	
-	ROBERT J. ARMEN'	TI	3	208	GUILFOR	D AVE	NUE, BA	ALTIMORE	, MD.	212	18
	20a. METHOD OF DISPOSITION 1	oval from State	cemetery, cre	metory or o			8/21/		CATION — C		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY										
		in Se	- 1 1	h	2010	DOTAN	TTO ATTER	JR. FUNE	THOP	177 34	D. 21211
	23. PART I. Enter the diseases, or cahock, or heert fellure. LIMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one caus	se on aach line	lar	ian	node of dylr	ng, such aa d	ardiac or reapi	ratory arre	at,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	UENCE O	F):						
- 11	PART II Other elections conditions										
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions	contributing to	peeth but not re	eaulting i	in the underly	ng ceuse gl	ven in Part i	1 TYES 2		C	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES 2 NO
Ž.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110011			28.	PLACE OF DE	ATH (Check only	y one)			
Sic	1 YES 2 NO	HOSPITAL: 1 Inpetient 2	ER/Outpatient 3	□ DOA	OTHER:				Hospi	CO	
동	27. MANNER OF DEATH	28a. DATE OF I		28b. TIM	E OF 28c. II	NJURY AT		DESCRIBE HOW IN			
BY	1 Natural 5 Pending 2 Accident Investigation	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 2	NO				
	3 Suicide 8 Could not be determined	28e. PLACE OF building, e	INJURY — At hor tc. (Specify)	na, farm, s	street, fectory, of	Ica		OCATION (Street as Sity or Town, State)	nd Number o	r Rural Rou	te Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of s	ny knowledge, des	th occurre	ed at the time, de	te and place, a	and due to the	cause(a) and meni	ner as stated	d, Cause(a) a	nd manner as stated.
38 C	296. SIGNATURE AND TITLE OF CERTIFIER		and		0	29c, LICEN	27087		29d. DATE	SIGNED IN	Ionth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO Carla S. Alexando	er, M.D	Stella	Mari	s Hospi	.ce-Du	Laney V	Valley R	dTo	wson	21204
	AUG 17 1992	182 REGISTRAP	S SIGNATURE	ee_							

3. TIME OF DEATH

4:00

10d. INSIDE CITY

14. RACE — American Indian, Black, White, stc.

1 - YES 2 - NO

White

8. BIRTHPLACE (State or Foreign

Baltimore County

10g. CITIZEN OF WHAT COUNTRY?

USA

1992

9c. COUNTY OF DEATH

burial-transit permit. Pages 1, 2, 3 should

page 5 should be detached for use as the

completely filled in by the funeral director,

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cremation,

burial,

prior to

Hygiene p

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has been signed by the Dept. of Health and

COMPLETED

BE

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FRAL DIRE. In 72 hours

within IMPORTANT: 3 Suicide

29e, CERTIFIER

4 Homicide

6 Could not be

Rafael Perez-MEra, MD.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. JEOISTRAR'S SIGNATURE

29b. SIGNATURE AND CUTTUE OF CERTIFIER

attending physician and

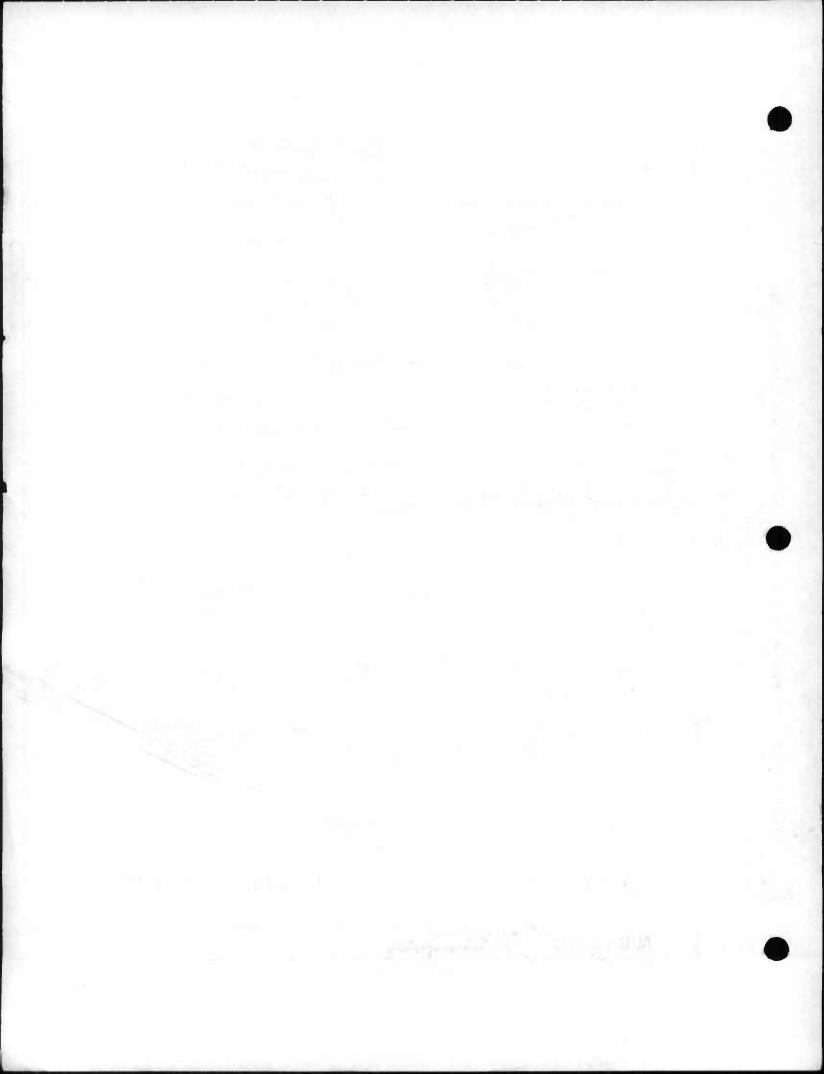
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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Charles **ADAMS** 15 08 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH March16,1918 WestVirgini MONTHS DAYS HOURS 1 M 2 F 74 YRS. 232-01-4085 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Franklin Square Hospital Rossville 10a. STATE 10b. COUNTY Baltimore Md. Middle River FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 21220 101 Riverthorn Road 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 🖳 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) Western Electric Tool-die Maker 1yr 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Brady C. Adams notified at Kathlyn Cunningham BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles Adams 535Kingspeak Alpharetta Georgia 30202 9 20s, METHOD OF DISPOSITION
1 Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE musi metery, crematory or other place)
DulaneyValleyCemetery8/17/92 BAltimore MD. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D ConnellyFuneralHome 300MAceAve.21221 one medical 23. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart thiure. List only one ceuse on each line. IMMEDIATE CAUSE (Final the disease or condition Metastatic Color Carcinoma event. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) other traumatic MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa resulting in death) LAST 0 injury, PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. shows any PHYSICIAN: 23 L DIRECTOR: After this certificate ha 2 hours after death with the State Di if item 28 is marked, or item ? 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem HOSPITAL:
1 [X Mpatlant 2 | ER/Outpatlant 3 | DOA OTHER: 1 TES 2XXNO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26c. INJURY AT WORK? 26b. TIME OF 1 Natural
2 Accident 5 Pending M 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, larm, streel, factory, office building, etc. (Specify)

Approximate interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 1 CERTIFYINO PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 18-15-4 9000 Franklin Square Dr. Baltimore 21237 DHMH-16 Rev 1/89

21. LICENSE NUMBER



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Carolyn M. Armstrong

4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ia	ast birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	1	. BIRTHPL	ACE (State or For		
220-05-5997	1 □ M 2 1 F	72	YRS.	MONTHS	DAYS	HOURS MIN.		(Month, Day, Year) 09/07/19		Country)			
9a. FACILITY NAME (If not institution	give street and number)			9b. CITY, 1	TOWN C	OR LOCATION OF D		701722	9c. COUNT	Y OF DEA	тн		
2 Summitt Hill Ct., Apt. A1 Baltimore Besidence of Decement													
100. C	OUNTY		10c. CIT	Y, TOWN OR	LOCAT	TION				10	Od. INSIDE CITY		
	ltimore			Catons	_					1	YES 2 X		
10s. STREET AND NUMBER						. ZIP CODE					AT COUNTRY?		
2 Summitt Hill					_	1228			U.S	.A.			
10e. STREET AND NUMBER 2 SUMMITH HILL 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 V	RMED NO	yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 NO Speci	an, Puerto	N? (Specify Ye Rican, etc.)	n or No 1	4. RACE — Black, V Specify: Whi	- American India White, etc. te			
15. DECEDENT' (Specify only highes	S EDUCATION I grade completed)			USUAL OCC			16	b. KIND OF BU	SINESS/INDU	STRY			
Li Elementary/Secondary (0-12)	College (1-4 or 5	- 44	a. Do NOT us	se retired.)	my mo	at or working							
0-9 17. FATHER'S NAME (First, Middle, La		Sa	ales/	telem	ark	eting							
17. FATHER'S NAME (First, Middle, La						18. MOTHER'S NA	AME (First,	Middle, Maiden	Sumeme)				
William A. Free	edy		18. MOTHER'S NAME (First, Middle, Malden Surname) Mildred C. Conrad										
19e. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (Street s	nd Number or Rural	Route Nun	nber, City or Tow	n, State, Zip C	lode)			
Richard J. Arms	strong										21228		
20s, METHOD OF DISPOSITION 1													
	1 XBurlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) LakeView Carroll County 8/20/99												
22. NAME AND ADDRESS OF FACILITY Ambrose Funeral I													
(1328 Sulphur Spring Rd. Arbutus, M												
Jest	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, Dr heart fellure. List only one cause on each line.												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	if any, leading to immediate cause. Enter UNDERLYING												
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1	AL T				26 PI	ACE OF DEATH (C	heat anti-a	1 🗆 YES 🤰	NO	0	OMPLETION OF (F DEATH? VES 2		
EXAMINER?	HOSPITAL:	FR/Outpetlant	1 DOA	OTHER:		11							
27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investige	28a. DATE OF (Month, D	INJURY	28b. TIM	4 Nursir E OF 2 URY	Sc. INJI	e 5 Residence URY AT RK? /ES 2 NO		SCRIBE HOW I	NJURY OCCU	JRED			
3 Suicide 8 Could n	building.	F INJURY — A1 ho etc. (Specify)	ome, ferm, s	street, factor	y, office			CATION (Street or Town, State)		Aural Aoul	te Number,		
One) 2 MEDICAL EX	PHYSICIAN: To the best of a					eath occured at the	a time, dat		d due to the	cause(s) a			
D Mil. SIGNATURE AND TIME OF CES	·M.	MAD				29c. LICENSE NU	-X Z	-	29d. DATE	HIGNED (M	lonth, Day, Year)		
30. NAME AND ADDRESS OF PERSO	W WHO COMES THE COM	DE OF DEST	****	0.7.1		0/00	OT		0/	1//	76		
30. NAME AND ADDRESS OF PERSO	A WHO COMPLETED CAUS	SE OF DEATH (ITE	m 27) (Type,	Print)	10	ton 1	tue	Blo	H5.	no	200		
31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE				//			-	7			
AIIG 1 8 1002	Julia Javida	A BOOK											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

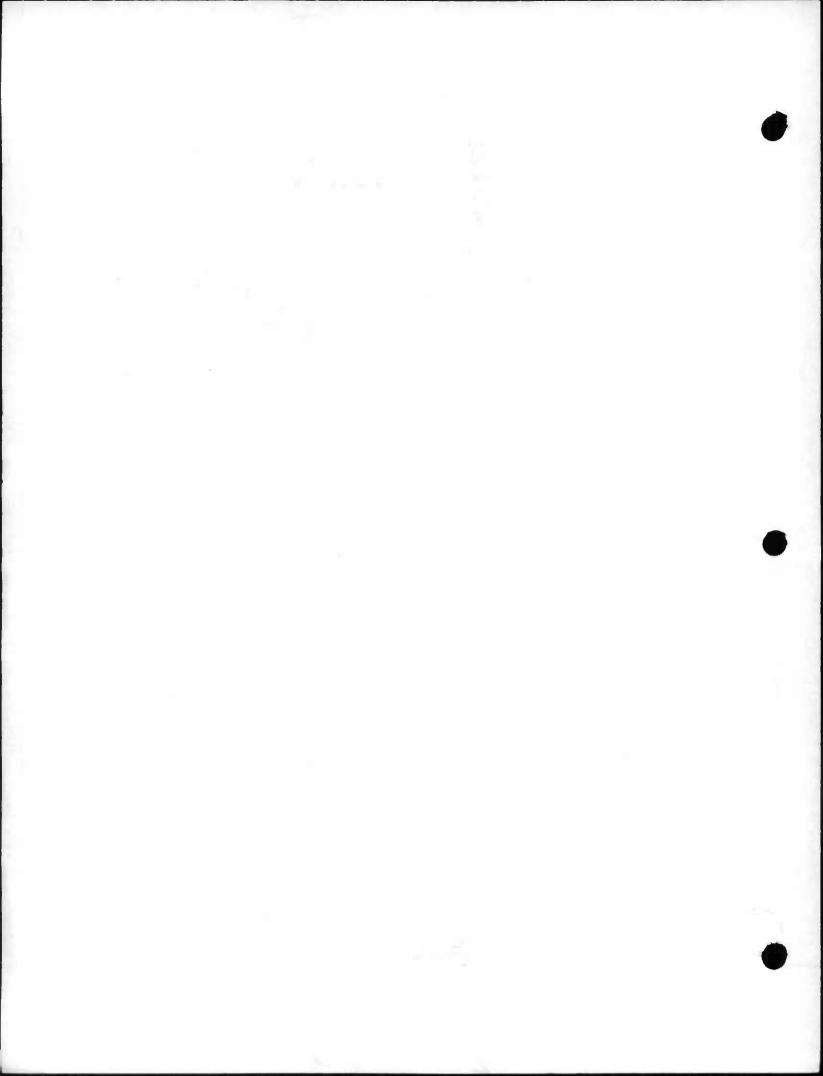
6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | MONTHS | DAYS | HOURS | MIN.

2. DATE OF DEATH MONTH

92 22761

3. TIME OF DEATH

DHMH-16 Rev 1/89



DHMH-16 Rev 1/89

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used by the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

6 6 8

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND ME DEATH	NTAL HYGIENE	116/92
	1. DECEDENT'S NAME (First, Middle, Last				2.	DATE OF DEATH	3. TIME OF DEATH
	EARL J.BR	O IIII	in yrs. lest birthday)	F UNDER 1 YEAR	E landen av van	8-15-52	M
	217-14-5971	1 M 2 □ F 7	3 YRS. M	ONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 8-4-19	a. BIRTHPLACE (State or Foreign Country) M.d.
œ	9a. FACILITY NAME (If not institution, give 2006 MPAYSON S		9		R LOCATION OF DEATH	9c. C	OUNTY OF DEATH
6	RESIDENCE OF DECEDENT	IREEI		BALI	IMORE		
DIRECTOR	Md.	TY		alto.	ON		10d. INSIDE CITY X LIMITS? 1 OVES 2 NO
\ ¥	10e. STREET AND NUMBER			10f.	ZIP CODE	10g. C	CITIZEN OF WHAT COUNTRY?
FUNERAL	2006 N. Pa	vson St.			212	217	USA
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECI	ENDENT OF HISPANIC C	ORIGIN? (Specify Yes or No-	- 14. RACE — American Indian, Black, White, etc.
₽	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES		2 NO Specify:		Specify: Black
	15. DECEOENT'S ED	UCATION in completed	16a. DECEDENT'S US	UAL OCCUPATIO	N	16b. KIND OF BUSINESS/	
once. COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	k done during mos etired.)	t of working		
8 g	4th		Labore	r		Textile	0
5 8	17. FATHER'S NAME (First, Middle, Last) John	Brown				First, Middle, Maiden Surname anche B	rown Perry
BE BE	19a. INFORMANT'S NAME (Type/Print)	DTOWII	195 MAILING AC	ODBESS /Street or		Number, City or Town, State,	9
10 10	Shirley John	son			shoney V		210 Code) 1133
e p	20s, METHOD OF DISPOSITION	20b.	PLACE AND DATE OF	DISPOSITION (Nat	ne of	DATE 20c LOCATION	- City or Town, Sieta
Ē	N☐KBurlai 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)		etary, cremator Aor of B	detus M	lemorial	8/20 Ra	ndallstown
nine	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME AN	ch Funer	Y 1 HOme	
exa	Mala 7	narch			0 Wabasi		
dica	23. PART i. Enter the diseases, or	complications that caused List only one cause on as	the death. Do not	antar tha mod	la of dying, such as	cardiac or respiratory	arreat, Approximate
Injury, or other traumatic event, the medical examiner must be notified at once. AL CERTIFICATION TO BE COM	iMMEDIATE CAUSE (Final disease or condition resulting in daeth)	. Muyera	dul er	foret	MIN	esume	interval Between Onset and Death
2 2		1 A	AAA A	lont	0.1	Mumes	
CATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	ver c	une	cee.	
P P	CAUSE (Disease or injury	C					
RTIFIC	that initiated eventa resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):				
CE		d					
- 3	PART II. Other aignificant condition	ns contributing to death bu	It not resulting in t	tha underlying	cause given in Part	1. 24a. WAS AN AUTOPS	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Ws am	- COP	D seve	1li	-0		1 - YES 2 - 10	COMPLETION OF CAUSE OF DEATH?
shows:	Conie	1 lung	cus	ev!			1 TYES 2 NO
AN AN	25. WAS CASE REFERRED TO MEDICAL	0					
HYSICIAN	EXAMINER?	HOSPITAL:		THER:	CE OF DEATH (Check o		
H Y	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	Nursing Home F 28c, INJU		Other (Specify) I. DESCRIBE HOW INJURY O	OCCURED
marked BY P	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	WOR		DECOMBE NOW INSONT O	COOKED
28 is marked, TED BY PH	3 Suicide 8 Could not be	28s. PLACE OF INJURY - building, etc. (Specifi	At home, farm, etre	et, factory, office	281	LOCATION (Street and Numb	ber or Rural Route Number,
LETE	4 Homicide determined	**	"			City or Town, State)	
COMPLET	29a. CERTIFIER (Check only one)	SICIAN: To the best of my knowle	idge, death occurred a	t the time, data a	nd place, and dua to th	e cause(s) and menner as s	tated.
S	2 MEDICAL EXAMINE	ER: On the beats of examination	and/or investigation, i	n my opinion, de	ith occured at the time,	data and place, and due lo	the cause(s) and manner as stated.
O BE COI	296. SIGNATURE AND TITLE OF CERTIFIE	P / / / /	1		29c. LICENSE NUMBER	29d. D/	ATE SIGNED (Month, Day, Year)
2 ≥	30. NAME AND ADDRESS OF PERSON WITH	CK /V	$\mathcal{D}_{}$		016	541	8117192
	S. Ams	eh 41	q W (TEM 27) (Type, Pri	Zedi	vood	Balt	My 21201
	AUG 18 1992	2. REGISTRAR'S SIGNA	Randell				

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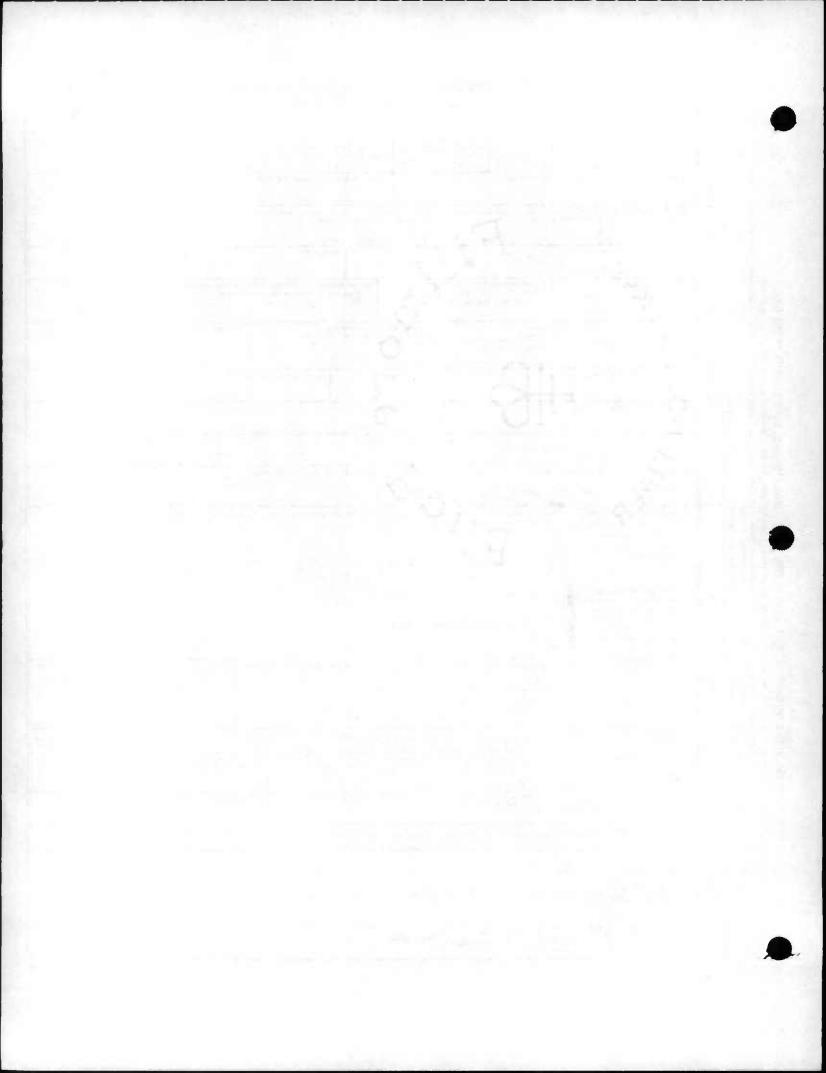
BALTIMORE, MARYLAND 21215-0020	irs after death. Page 6 may be retained by the hospital or attending physician.	INFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not shour after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	odical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 88769, BALTIMORE, MARYLAND 21215-0020	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi To hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

SOCAL SECURITY NUMBER S. BOX S. A. CACE PLAY IN GRAND PARK F. CACE OF BRITTY CACEPY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACE PLAY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CACEPY S. CA		1. DECEDENT'S NAME (First, Middle, Last) SHIRLEY RUTH B		- OL	RTIFI	OAIL	. 01	DEA		MONT		DAY	YEAR	3. TIME OF DEATH
226-46-1872	1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. dest	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.			3,199		11 AM
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32. REGISTRAP'S SIGNATURE PANCESE

12

31. DATE FILED (Month, Day, Year)
AUG 18



AL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TALL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,

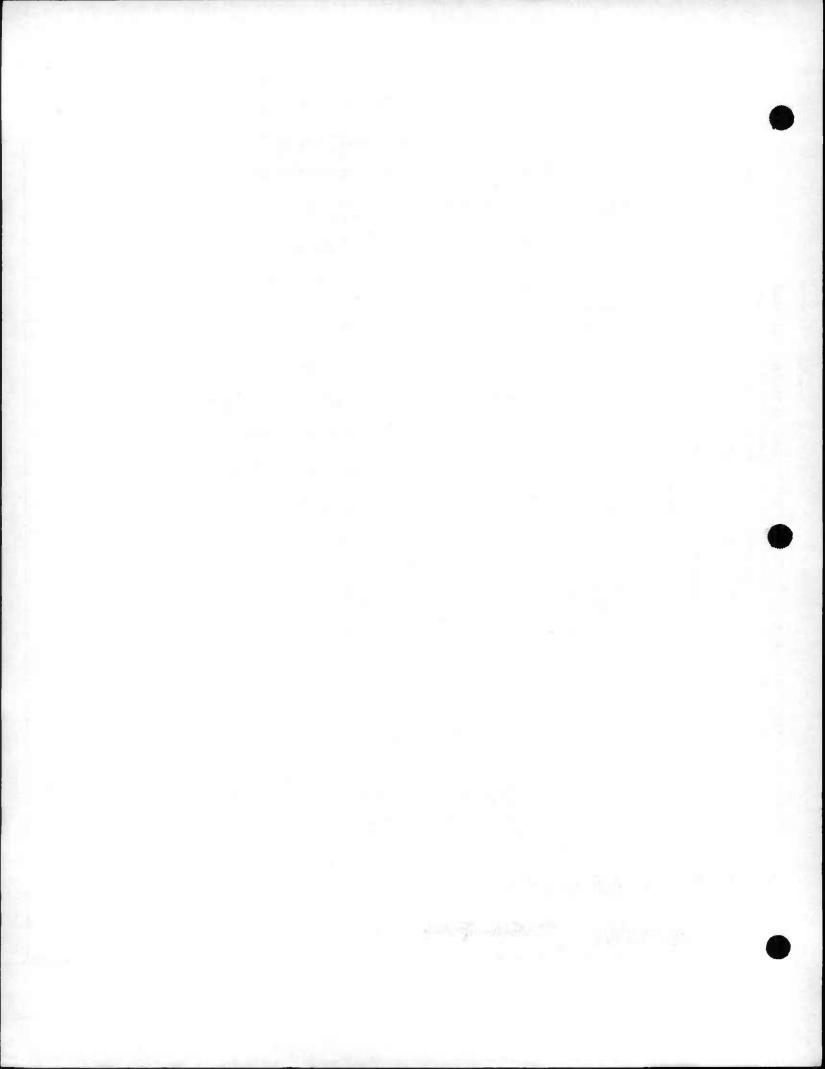
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

_	71EGIGTT V 41			OLITIII	ICALL	_ 01	DLA			HEG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH
	Walter A. Baker								-	8 11 92			м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	/) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE	OF BIRTH	-		IPLACE (State or Foreign
		1 € M 2 🗆 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	h, Dey, Year)		Countr	γ)
	218-30-5046 9a. FACILITY NAME (If not institution, give s	4.5	56					L		29/36			to, Md
~	98. PAGILITY NAME (If not institution, give s		9b. CITY	, TOWN	OR LOCATI	ON OF D	PEATH		9c. COL	INTY OF D	EATH		
DIRECTOR	St Acres Hospita	a 1			B:	1+1	more						
5													
#	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCA	TION						10d. INSIDE CITY LIMITS?
ā	Maryland Balt	imore Co	unty	Ba	ltim	ore						_	1 YES 2 NO
4	10s. STREET AND NUMBER					10	. ZIP COD	E			10g. CI7	IZEN OF W	WHAT COUNTRY?
H	3231 Kessler Ro	oad					21	227			TT	.S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN II C	ADMED	142.1	WE OF			NIC ORIGI	N? (Specify Yes		-	
四	1 Never Merried 2 🔀 Married	FORCES? 1	YES 2	NO		If yes, sp	ecify Cube	n, Mexic	an, Puerto	Rican, etc.)	or No-	14, RACE Black	American Indian, , White, atc.
à	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	71	1	T YES	2 NO	Speci	ffy:			Specif	
	15. DECEDENT'S EDUC	nation:	-										White
COMPLETED	(Specify only highest grade		16a.	(Give kind of	work done i	CCUPATION during mo	ON ast of workin	19	161	. KIND OF BU	BINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	-}	life. Do NOT us									
불	11th Grade			Sales	sman					Budw	eise	r	
ğΙ	17. FATHER'S NAME (First, Middle, Last)					18. MOTI	HER'S N	AME (First,	Middle, Meiden	Surname)			
W I	I I	Baker					Sara	h C.	Smelt	or			
BE	19a, INFORMANT'S NAME (Type/Print)		195 MAILING	ADDRESS	/Street o				ber, City or Tow		0.41		
2	Sarah C. Baker												01000
				3231 1	ress1	er	Road		Balt	ımore,	Mar	yland	21227
	20a. METHOD OF DISPOSITION 1	oval from State		CEAND DATE		ITION (Na	ime of		DAT	E 20c. LO	CATION -	City or To	wn, State
	4 Donation 6 D Other (Specify)		Glen	Haver	Men	ori	a1 Pa	ark	8/	14 610	n Bu	rnie	Maryland
	4 Donation 6 Other (Specify) Glen Haven Memorial Park 8/14 Glen Burnie, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A												- Hally Tallid
	600	1 60 1	7	4	1	eor	ge J	• GC	nce	Funera	1 Ho	me P.	Α.
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate												
TION	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Hypertensive Arteriosclerotic Cardiovascular Disease Due to (or as a consequence of): Due to (or as a consequence of):										Interval Between Onset and Death		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
8													
EDICAL	PART II. Other algnificant condition	s contributing to	death but no	t resulting	in the underlying ceuse given in P				Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ∥					INQUIRY							1 TYES 2 NO	
z I													
है	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			0711		ACE OF D	EATH (C	heck only or	ne)			
2	1 TYES 2 NO	1 🗆 Inpetient 2 🗆	ER/Outpatient	3 🗆 DOA	OTHER		e 5 🗆 Re	sidence	6 🗆 Othe	r (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26s. DATE OF (Month, De		26b. TIM	E OF	28c. INJ	URY AT		7	CRIBE HOW II	JURY OC	CURED	
	1 Natural 5 Pending	(Moran, Da	ny, rever)	1113	URY M		RK?	NO					
	2 Accident Investigation 3 Suicide A Could not be	28e, PLACE OF	F INJURY — At	home farm s	treet facts				201 1 00	ATION (Street a	and Abreach		
3	4 Homicide determined	building,	etc. (Specify)	, , , , , ,	niest, inch	ory, orne			City	or Town, State)	na Numbe	OF HUMIN	oute Number,
4	29a. CERTIFIER												
COMPLETED	(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE												and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				-		29c. LICE	NSE NO	MAER		294 DAT	E SIGNED	(Month, Day, Year)
2	Nonald Stills				O.C						1992		
2 ∦		ght M.					0.0					-/ 1/	
	Donald G. Wright M.D. 111 Penn Street , Baltimore Maryland 21201												
	"AUG 18"1992"	1 32/259/86A	re leader	16					-				
	LIGHT A LOOF A		-										



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

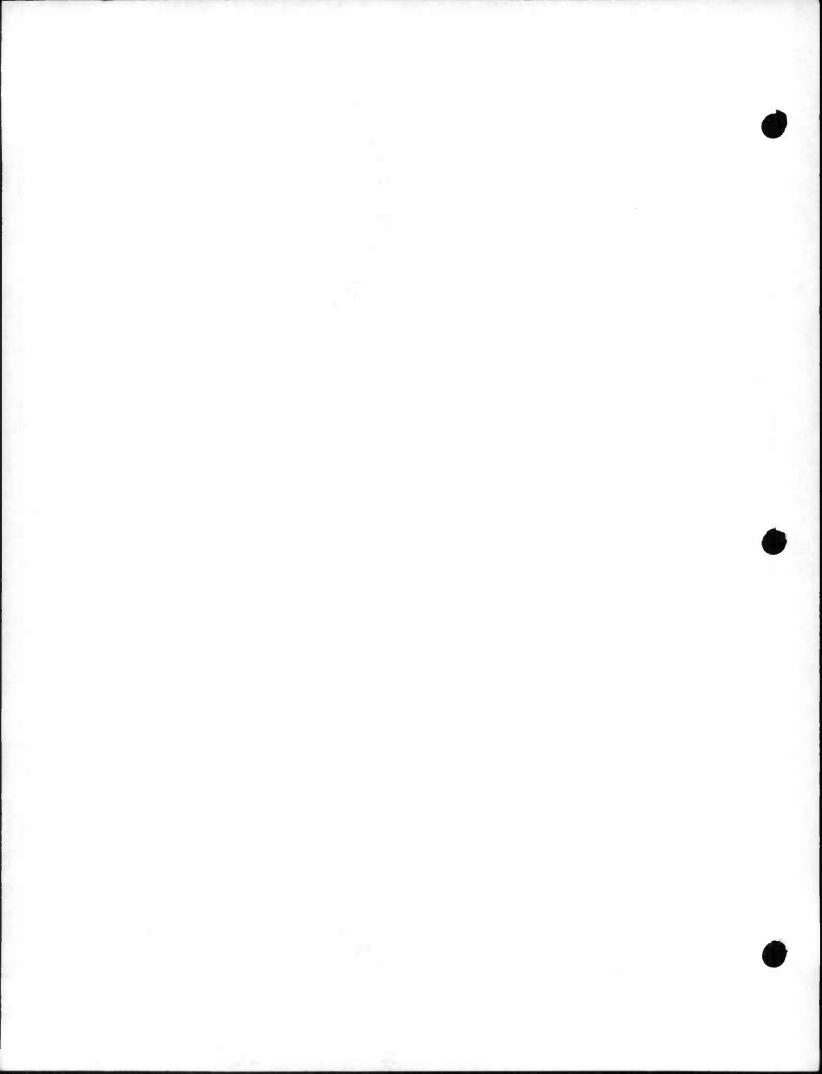
	REGISTRAN CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Lest) Rose	D.		Bu	rns				2. DATE OF C		3, 1	992	3. TIME OF OEATH 12:40am
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER		IF UNDER	24 HRS.	T DATE OF B	MATERIAL STREET		8. BIRTN	PLACE (State or Foreign
	- 10 00 0000	1 🗌 M 2 🏋 F	79	YRS.	MONTHS	DAYS	HOURS		(Morth, Dey. Year) 06-27-1913 NEW			JERSEY	
OB	96. FACILITY NAME (W not institution, give str Maryland Genera		a1		9b. CITY	9b. CITY, TOWN OR LOCATION OF GEATN Baltimore City						EATN	
Æ.	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			100 017	Y, TOWN C	B 1 0047	1011						
DIRECTOR	MARYLAND		_	100. 01	T, IOWN C	В	ALT]		E				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	1213 LIGHT STRI									USA	HAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Merried 5 Widowed 4 Divorced	12. WAS OECEDENT FORCES? 1 IF YES, GIVE W	L AER 547	RMED .		1 TES 2 NO Specify: Specify:						, White, etc. y: WHITE	
8	15. OECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. D	ECEDENT'S	EDENT'S USUAL OCCUPATION				16b. KING	OF BUS	INESS/IN	DUSTRY	***************************************
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) (1	(Give kind of work done during most of working kine. Do NOT use retined.) CLERK PHARMACY						٩v			
8	17. FATHER'S NAME (First, Middle, Last)				ODL	1010	18, MOTH	IER'S NAM	E (First, Middle			O I	
BE C	JOSEPH Del							,	NWC	TO RECORDS			
TO B	19e. INFORMANT'S NAME (Type/Print)		19	Db. MAILING	ADDRESS	(Street a	nd Number	or Rural Ro	oute Number, Ci	ty or Town	n, State, Zi	p Code)	60302
F	SHERRY BURNS												K, ILL
	20e. METNOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Remov	ml from State	20b. PLACE	ANDDATE	OF DISPOS	ITION /Na	me of		DATE	20c. LO	CATION -	City or To	en. State
	4 Donation 6 Other (Specify) METRO CREMATORY, INC. 8-14 BALTIMORE, MD											, MD	
!	21. SIGNATURE OF PUNERAL CRIVICE LICE		lux The	1	CR	EMA	TION	SOF FACE	CIETY	OF	MAI	RYLA	ND. INC.
	GEORGE E. MA	ACNABB	anused the d	and Do	29	9 F	REDE	RIC	K RD.	, B.	ALTO	0.,	MD 21228
ł	shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition	ist only one caus Re	so on each lin	ory f	ailu	re		ng, such	as cerdiac	or reepi	ratory ar	rest,	Approximate Interval Between Onset and Death
	resulting in death) e.		PIRATO			1/20	KE						10 mins.
_	Chronic obstructive pulmonary disease												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate												
5	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):												
E	resulting in death) LAST				,-								į
	PART II. Other eignificent conditions	contribution to	doesh bus oos		- ab	A1-1-							
EDICAL	NATI II. OTHER EIGHINGER CONDITIONS	commuting to	ueath but not	reeniting i	in the un	aeriying	ceuse g	iven in P		PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
									_ 15	YES 2	≧ NO		OF DEATH?
PHYSICIAN: M									-				1 TES 2 NO
Ž I	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	EATN (Chec	ck only one)				
S		HOSPITAL:	ER/Outpatient	DOA	OTHER		5 🗆 Res	sidence 6	☐ Other (Spe	c/fv)			
춪	27. MANNER OF DEATH	28e. DATE OF I		26b. TIM		28c. INJI	JRY AT		28d. DESCRIB		JURY OC	CURED	
Β¥	1 Natural 5 Pending 2 Accident Investigation				м		ES 2	NO					
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF building, a	FINJURY — At he atc. (Specify)	ome, farm, a	rtreet, tect	ory, office			28f. LOCATION City or Tow	l (Street a	nd Numbe	r or Rural R	oute Number,
E													
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICI. 2 MEDICAL EXAMINER:												end menner es stated,
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	6 0	0		, ,		29c. LICE	NSE NUME	BER	T	29d, DAT	E SIGNED	(Month, Day, Year)
~ 1	amold?							n/a		{	>	8/13	1/92
-	30. NAME AND AODRESS OF PERSON WHO Arnold de Beler	ompleted cause	C/O	Maryl Maryl	Print) and	Gene	eral	Hosp	ital				7
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	A SIGNATURE	50	[aa.1				-				
	AUG 18 19	JE Just	a wavidson	v-Mana	4,000								

BALTIMORE, MARYLAND 21215-0020

the hosp	e detacher	d once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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after o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further filled within 72 hours after death with the State Degt, of Health and Mental Hydiene prior to burlal, cremation, or removal.	dical e
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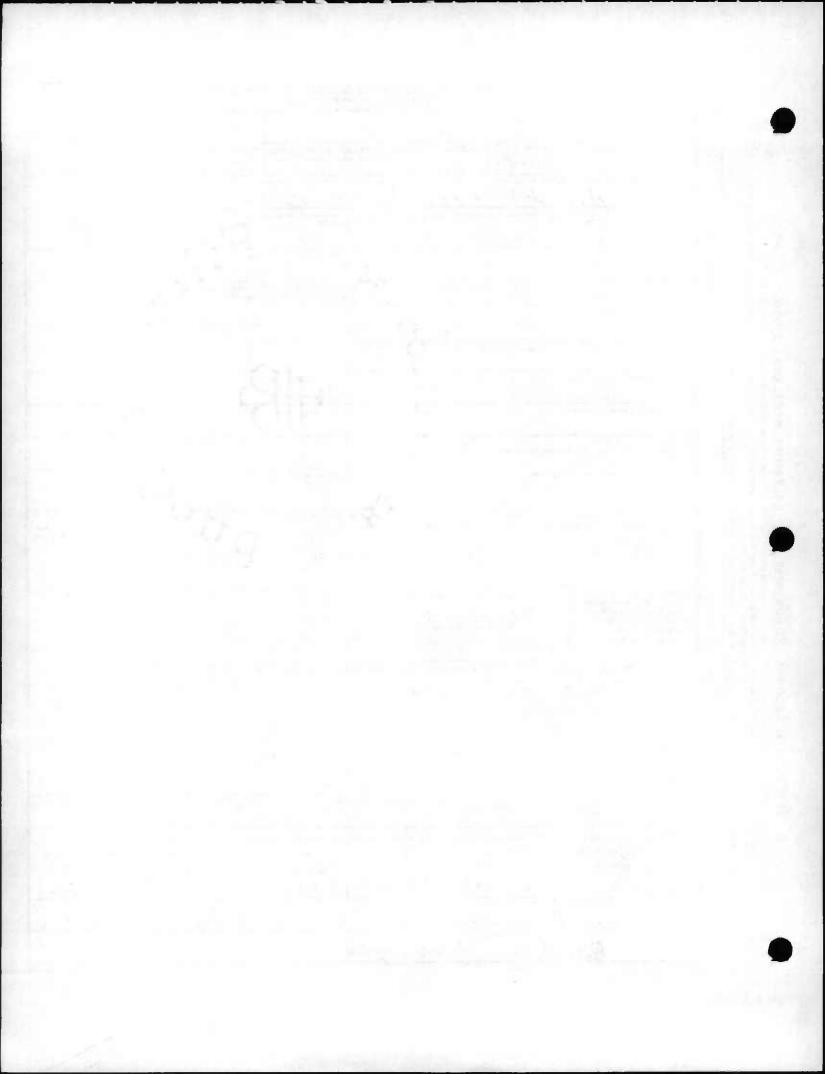
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR	CERT	TIFICATE (F DEATH	REG. NO							
- 4	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH					
- 1	Richard	Alden 1	Bruckne	r		1 0 0 2						
		AGE (In yrs. lest birth			August 16							
	II IN SHOW ASSESSED		MONTHS DA		7. DATE OF BIRTH (Month, Day, Year)	C	RTHPLACE (State or Foreign puntry)					
	103-26-9983 1X M 2 🗆 F	56 Y	RS.		04/11/3	36 N	ew York					
_ //	Sa. FACILITY NAME (If not institution, give street and number)		9b. CITY, TO	VN OR LOCATION OF D	EATH	9c. COUNTY C	F DEATH					
Œ :	1/02 Marrage Diago	21002	Tark	la 1 1	erville Baltimore							
2	1402 Newport Place	21093	Lut	<u>herville</u>		I RaT	timore					
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	100	. CITY, TOWN OR L	CATION			10d, INSIDE CITY					
Œ	24 1 1 2 2 1 1						LIMITS?					
-	Maryland Baltimo:	re			<u>rville</u>		1 TES 2 X NO					
A	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
6	1402 Newport Place			21	093	1 11	SA					
Z	11. MARITAL STATUS 12. WAS DECEDENT I	VER IN U.S. ARMED	13 WAS		NIC ORIGIN? (Specify Ye		RACE — American Indian.					
正	Never Married 2 Married FORCES? 1 TO IF YES, GIVE WE	YES 2 NO	If ye	, specify Cuben, Mexico	en, Puerto Ricen, etc.)	0.0	Black, White, etc.					
BY		- 1957	10	YES 2 NO Speci	fy:	8	ipecity:					
	1 1904						White					
1	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kin	NT'S USUAL OCCU	ATION g most of working	16b. KIND OF BU	SINESS/INDUSTF	IY					
ш	Elementary/Secondary (0-12) College (1-4 or 5+)	IIIa. Do N	(OT use retired.)									
AP.	12 2	Rat	te Ana	lyst	Cred	dit In	surance					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA								
	Francis A. Bruck	nor			Mildrod	M Uo	ndrickson					
8	19a. INFORMANT'S NAME (Type/Print)											
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	Joan D. Bendall	140	02 Newp	<u>ort Plac</u>	e Luther	rville	, MD 21093					
- 5	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State	20b. PLACE ANOD	ATE OF DISPOSITIO	N (Name of	DATE 20c. LC	OCATION — City of	or Town, State					
- 9	1 ☐ Burlet 2 💢 Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	Metro	remat.o	rv.Inc.	8/17 Ba	ltimor	e MD					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1/11	Cremation Society of Md., Inc.									
	Slog E 1/100)	Y	Cre	mation S	ociety o	f Md.,	Inc.					
_ 1	George E. MacNabb		299	Frederi	ck Road	Balto	.,MD 21228					
	23. PART t. Enter the diseases, or complications that of	aused the death					Approximate					
	shock, or heart failure. List only one cause	on each line.	DO HOT WHAT WHE	mode of dying, said	ar as cardiac or resp	matory arrest,	Interval Between					
- 1	IMMEDIATE CAUSE (Final	0 .		11.		1.	Onset and Death					
- 1	IMMEDIATE CAUSE (Final disease or condition resulting in death) a Course united consequence of:											
	DUE TO (OR AS A CONSEQUENCE OF):											
-												
CERTIFICATION	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):											
AT	If any, leading to immediate cause. Enter UNDERLYING											
<u>ပ</u>	CAUSE (Disease or Injury	R AS A CONSEQUEN	05.05									
E	Diet mitietod events	R AS A CONSEQUEN	CE OF):				i 1					
2	resulting in death) LAST											
	DART II Other designation of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state											
DICAL	PART II. Other significant conditions contributing to de	eath but not result	ting in the under	lying cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO					
일	Coveric Obstitution	2. Jul	muna	4 CXXII	OLA- YES	2 NO	COMPLETION OF CAUSE OF DEATH?					
ME				/	_		1 NES 2 NO					
PHYSICIAN:				•								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	B. PLACE OF DEATH (C	heck only one)							
S	1 YES 2 NO 1 Inpatient 2 E	R/Outpatient 3 🗆 D		Home 5 🗆 Residence	8 Other (Specify)							
ξI	27. MANNER OF OEATH 28s. DATE OF IN		TIME OF 280	INJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	0					
	1 Natural 5 Pending (Month, Day,	1007)	INJURY M 1	WORK?			4					
8√	2 Accident Investigation 3 Suicide Could and be 28e. PLACE OF I	NJURY — At home, fi			201 LOCATION (Days)	and Number of St	and Christs Manches					
COMPLETED	4 Homicide 6 Could not be building, et	. (Specify)	, 20000, 1001019,		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
ᇤ												
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of m	y knowledge, death o	coursed at the time,	date and place, and du	e to the cause(e) and ma	nner as stated.						
ΞI	and a						use(a) and menner as stated.					
8	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause											
ш	39b. SIGNATURE AND TITLE OF CERTIFIER	0.0		29c. LICENSE NU	MBER	29d. DATE SIG	NEO (Month, Day, Year)					
8	4/ axcia a une	114		D263	391	0.8	/17/92					
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF OEATH (ITEM 27)	(Type, Print)		- 1	00	111114					
				1 0	4	112						
- 4	Marcia A. Kane, M.D		ot. Pau	ı St. B	altimore	MD 2	1202					
- 1												
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR	SIGNATURE	50.0.00									
	31. DATE FILED (Month, Day, Your) 32, REGISTRAN	ha Davidson	-Mandate	1								



the hospita	detached i	once.
e retained by	9 Should b	notified a
аде 6 тау ь	director, page	or must be
ifter death. P	y the funeral	cal examin
in 24 hours	aly filled in bration, or ren	the medi
executed with	and complet o burial, cren	matic event
certificate be	fing physician voiene prior t	other trau
at the death	by the attendand Mental H	ly injury, or
w requires th	of of Health	3 shows an
ICIAN: The la	the State De	or Item 2
NDING PHYS	R: After this or	is marked,
TAL DR ATTE	VAL DIRECTOR	If Item 28
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in the filed within 72 hours after death with the State Deut, of Health and Mental Horiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neutiled at once.

1 - STATE REGISTR	AR	STATE OF M	ARYLAND / CE	DEPARTM	MENT OF A	REALTH AND DEATH	MENTA	L HYGIENE 9	2 2	2767	
HAO	RRIET	HARRIET	BAB	AGI	¥/		2. DATE	E OF DEATH 08-13-	92 11	IME OF DEATH 10:	
4. SOCIAL SECU 215-20	-6805	5. SEX	8. AGE (in yrs. lest	GRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS.	10	OF BIRTH 10-20-25	MARY	E (State or Foreign	
4 1	ME (If not institution, girls)	(Nde)	Hesp	Bu	PN	- V	Y OF DEATH				
PESIDENCE 10a. STATE MARYL. 10a. STREET AN 73 RIV 11. MARITALS TV		nty E ARUNDEI		10c. CITY, TO	OWN OR LOCAT	SEVERN	IA P	ARK	10d. INSIDE CITY LIMITS? 1 YES 2 X Y		
73 RTV	ERSIDE	DRIVE 12. WAS DECEDENT	EVED IN H C ADM	150		2114		U	ISA		
3 🗆 Widowed	ed 2 X X arried		YES 2 XNC		If yes, sp	ecity Cuban, Mexico 2 X NO Speci	en, Puerto	N? (Specify Yes or No.— 1. Rican, etc.)	Stack, Wh Specify:	merican Indian, ite, etc.	
	15. DECEDENT'S E Specify only highest gra- condary (0-12)	DUCATION ade completed) College (1-4 or 5+)	(G/vi	EDENT'S USU Mind of work On NOT use re	JAL OCCUPATION done during motired.)	ON st of working	161	WESTIN	STRY		
17. FATHER'S NA	ME (First, Middle, Lest) LESTER M	TLLER		LEKK		18. MOTHER'S NA		MESIIN Middle, Malden Surname) HIA YEAGER		SE	
19a. INFORMANT	S NAME (Type/Print) RD E. BA		19b. 73	DRESS (Street &	nnd Number or Rural E DRIVE	Route Num	iber, City or Town, State, Zip C EVERNA PK,	ode)	21146		
1 Donation	20e. METHOD OF DISPOSITION 1 Burdel 2 A Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Carried Concepts) 20b. PLACE AND DATE OF DISPOSITION (Name of Carried Concepts) 20b. PLACE AND DATE OF DISPOSITION (Name of Carried Concepts) 21. SIGNATURE OF FUNERAL SERVICE USENCE 22. NAME AND ADDRESS OF FACILITY.										
يكر ا	22. NAME AND ADDRESS OF FACILITY CREMATION SOCIETY OF MARYLAND, INC. GEORGE E. MACNABB 29 FREDERICK RD., BALTO., MD. 21228 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
iMMEDIATE C disease or co resulting in d	auth dition atth) st conditions, to immediata inderstrying se or injury vents	a. Chron DUE TO (C		ANIC	FAIL)53 ur	e e	2	Approximate Interval Between Onset and Death		
PART II. Other	algnificant conditi	one contributing to d	eeth but not red	eulting in the	he underlying	g ceuse given in	Pert I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO	
25. WAS CASE RI EXAMINER? 1 YES 2 27. MANNER OF	FERRED TO MEDICAL	HOSPITAL:	ER/Outpatient 3		THER:	ACE OF GEATH (Ch					
	EATH 5 Pending Investigatio	26a. DATE OF II (Month, Day	NJURY	28c. INJ		_	SCRISE HOW INJURY OCCUR	RED			
	2 Accident investigation										
3 Suicide 4 Homicid 29e. CERTIFIER (Check only one)								use(s) and menner as stated.		menner se stated.	
29b. SIGNATURE	AND TITLE OF CERTIF	Don	DI	Dep	uty	29c. LICENSE NUI	MBER 60	54 DATES	SIGNED (Mon	th, Day, Year)	
Wil	PORESS OF PERSON	P. JON	OF DEATH (ITEM			06	Box	99	20	7/1	
31. DATE FILED (forith, Day, Year)	1 0 1000	S SHENATURE			14					



1 -	STATE REGISTRAF
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STATE OF MADYLAND / DEDADTAPHT OF HEALTH AND REPUTAL HISOLENI

1 - STATE REGISTRAR		OMIL OF F	1174111	CE	RTIF	CATE OI	DEAT		MILITIAL	REG. NO.	_		
1. DECEDENT'S NAME (First,	Middle, Last)		:							OF DEATH			3. TIME OF DEATH
	H	Elizabe	th	Μ.	Ba	rrett			Aug	August 12, 1992		92	4:30 A
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE	(In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	,	8. BIRTI	IPLACE (State or Foreign
246-12-07	709	1 🗆 M 2 💢 F	8	80	YRS.	MONTHS DAYS	HOURS	MIN.	(Month	, Day, Year)	1 2.	Nor	th Carolin
9a. FACILITY NAME (If not in	stitution, give at	treet and number)				9b. CITY, TOWN	OR LOCATI	ON OF DI		1 4 1 1		INTY OF D	
11841 Win	ter I	Jong Wa	у :	2104	4	Со	lumb	ia				Howa	ard
10a. STATE	10b. COUNTY	1			10c. CITY	Y, TOWN OR LOC	ATION				-		10d. INSIDE CITY
Maryland		Howard	d				C	01111	mbia				LIMITS?
10e. STREET AND NUMBER						31	of. ZIP COD		IIDIC		10g. CIT	IZEN OF V	WHAT COUNTRY?
7611 Wood	Park	Lane	Ani	F 1	Ω2			21	046			USA	٨
11. MARITAL STATUS	1 0111	12. WAS DECEDEN	IT EVER I	N U.S. ARM		13. WAS DI	CENDENT C			? (Specify Yes	or No-	14. RACI	E — American Indian,
1 Never Married 2 3 Widowed 4 Divo		FORCES? 1			0	If yes, i	S 2 NO	n, Mexica	in, Puerto I	Rican, etc.)		Spec	k, White, etc.
	EDENT'S EDUC			16a. DEC	EDENT'S	USUAL OCCUPAT	ION		16h	. KIND OF BU	SINESS/IN	DUSTRY	MILLE
(Specify only Elementary/Secondary (0	y highest grade	completed) College (1-4 or 5		(Giv	e kind of w Do NOT us	vork done during r e retired.)	nost of working	19			J. (1200) J. (1	0001111	
12th	-12)	College (1-4 or 5	+)		Wa-	itress			- 1	Rest	- 0 1 1 2	ant	
17. FATHER'S NAME (First, M.	iddle, Last)				wa.	LLIESS	18 MOT	HER'S NA	ME /Elent 1	Middle, Maiden		ant	
John		7	Maai	Dona	1.4		MARY			own t		cor	de"
19a, INFORMANT'S NAME //	vne/Print)		raci			ADDRESS (Street						_	d b
Patricia	,,	mano		1		Winter							044
20a. METHOD OF DISPOSIT	ION		200	D. PLACE A	ND DATE C	F DISPOSITION /	Vame of		DAT	F 20c. LO	CATION -	City or To	nern. State
1 Donation 5 Other	(Specify)	oval from State	_ Me	netery, crem	Cre	emator	v.In	c.	8/12	Ba	alti	more	MD.
21. SIGNATURE OF PURE ILA	L SEBVICE LIC	ENGE M	ac.	14		22. NAME	AND ADDRE	SS OF FA	CILITY	ty of	2 1/1	711011	
Coore		MacNabl	-			Crem	atio:	n S	ocie	ty of	. Md	٠, ١	lnc.
23. PART I. Enter the di	·			d the des	th Do n					oad			MD 2122
immediate cause (Findisease or condition resulting in death) Sequentially list condition and the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequ	ons,	DUE TO	OR AS	A CONSEQ	UENCE OF	illeno	7						Onset and Dea
cause. Enter UNDERLYI CAUSE (Disease or Inju that initiated events resulting in deeth) LAS	NG ry	c. DUE TO	(DR AS /	A CONSECU	UENCE OF	F):							
PART ii. Other significa	nt condition	s contributing to	death t	out not re	sulting i	n the underlyi	ng cause (given in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	24b	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	O MEOICAL					26.	PLACE OF D	EATH (Ch	eck only or	10)			
EXAMINER? 1 YES 2 NO		HOSPITAL: 1 Inpatient 2	ER/Out	patient 3	□ DOA	OTHER:	me 5 PR	sidence	S C Othe	r (Specify)			
	Pending	28a. DATE DE (Month, E			28b. TIM	E OF 28c. II	JURY AT ORK? YES 2		_	SCRIBE HOW I	NJURY OC	CUREO	
3 Sulcide 6	Could not be determined	28e. PLACE C building,	of INJURY	Y — At hon	ne, ferm, s	street, factory, of				ATION (Street or Town, State)		or or Rural I	Route Number,
	OF CURTIFIED	O COMPLETEO CAU	xaminatio	on end/or in	vestigatio	n, in my opinion,	206. LICI	ENSE NUI	time, date	and place, ar	29d, DAT	te signed	o) end manner es stated. O (Month, Day, Year) St 12, 199 2104
31. DATE FILED (Month, Day,)G 18	32. REGISTRA	ARIS SIGN	NATURE		indella.	- Mai	101	Ial	TIVE	11111	COLL	OLCY, FID

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or interest that the secution of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the furnal-trained permit. Presence 2 include the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

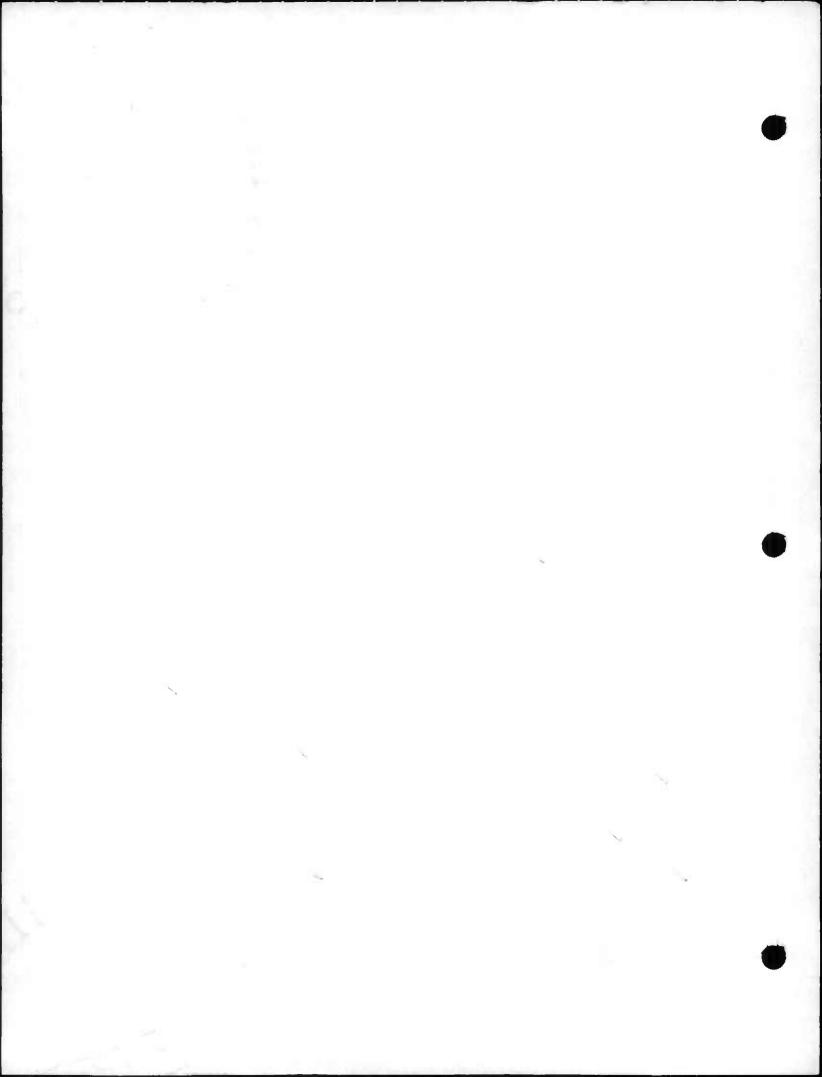
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89



for use as the burial-transit permit. Pages 1, 2, 3 should

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	TO THE HIGH ML OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	THE FUNETAL CHECTUR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

08/06/92 ZYGLER SANUEL 1200 ARGYLE AVE

				21217	4 08/10		7
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		NT OF HEALTH AND TE OF DEATH		GIENE 9	2-22769
1	DECEDENT'S NAME (First, Middle, Last)	Ralph Bry	Ant		2. DATE OF DE.	DAY	YEAR 7.30 A M
	4. SOCIAL SECURITY NUMBER 244-42-0089	5. SEX 6. AGE (In yrs. las	YRS. IF UN	DER 1 YEAR IF UNDER 24 HR	S. 7. DATE OF BIR	TH (bar)	8. BIRTHPLACE (State or Foreign Country)
OR	9e. FACILITY NAME (If not institution, give stress	ospital	9b, C	BALLIM	DEATH		TY OF DEATH
<u>E</u>	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		LIAN CITY TOW		970		10d. INSIDE CITY
Baltimore City							
FUNERAL	1200 Argyle	. Ave Ap	4.3	101. ZIP CODE 2/2/	7	U	EN DF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FDRCES? 1 ☐ YES 2 N IF YES, GIVE WAR OR DATE		3. WAS DECENDENT OF HIS If yee, specify Cuben, Men 1 YES 2 ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Specify ND Spec	PANIC DRIGIN? (Specifican, Puerto Rican, e ecify:	elfy Yee or No—	14. RACE — American Indian, Black, White, etc. Specify:
TED	15. DECEDENT'S EDUCA (Specify only highest grade or	ompleted) (Gi	CEDENT'S USUAL	ne during most of working	16b, KIND	OF BUSINESS/INDU	STRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 8+)	Do NOT use retired	uipment O	pec		
BE CO	17. FATHER'S NAME (First, Middle, Last) Washingt	on Bryan	+	18. MOTHER'S	NAME (First, Middle, A	deiden Surname)	On
10	198. INFORMANT'S NAME (Type/Print) Mary A. Br	yant 196	710 Pa	SS (Street end Number or Ru		or Rown, State, Zip of Ave Bal	
	20e. METHOD OF DISPOSITION Burlel 2 Cremation 3 Remov Donation 5 Other (Specify)	Pant William , Gran	AND DATE OF DISP	OSITION (Name of		Oc. LOCATION — CI	ity or Town, State
	21. SIGNATURE OF FUNERAL SERVICE		7	2. NAME AND ADDRESS OF Euroval Ho	FACILITY W.	liam (C. Brown Com Worth Ave.
	23. PARF I. Enter the diseases, or co-	mplications that caused the deast only one cause on each line.	eth. Do not ent	er the mode of dying, a	uch as cerdiac or	reapiratory arre	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Extensive T.	Bilat	eral Prec	unopie	2	Interval Batween Onset and Death
N	Sequentially list conditions,	DUE TO (OR AS A CONSEO					
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (DR AS A CONSEO					
ERTIF	that initiated events resulting in death) LAST	DUE TO (DR AS A CONSEO	UENCE OF):				
AL C	PART II. Other algnificant conditions	contributing to death but not re	eaulting in the	underlying cause given		AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDICAL					101	ES 2 NO	COMPLETION OF CAUSE OF DEATH?
ž							
SICI/		HOSPITAL:	DOA 4 N	28. PLACE OF DEATH (ER: ursing Home 5 Residence		41	
	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 ND		HOW INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At hom building, etc. (Specify)	ne, ferm, street, fe		281. LOCATION (S City or Town,	State)	Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINED	N: To the best of my knowledge, dea	th occurred at the	time, date end place, end d	ue to the cause(e) en	d menner ee stated	
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	On the basis of examination end/or in	westigation, in my	29c. LICENSE N	UMBER		GRIGNED (Month, Pay, Year)

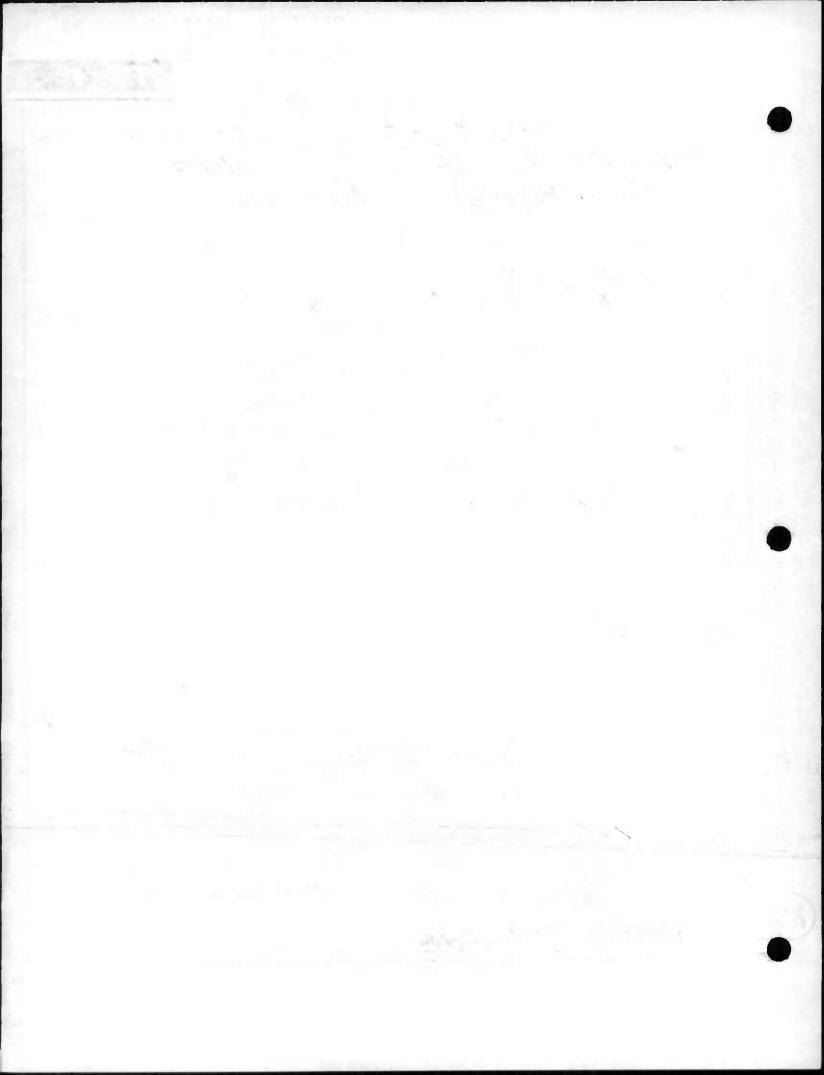
29c. LICENSE NUMBER #1-

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. AUG 1 87. 1992







Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit permi	or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	In THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TI THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE DF MARYL	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND I		E	22770
1. DECEDENT'S NAME (FIRST, MICHIGA LAST) The Ima MAY Bidir	iger.	ALE OF	DEATH	2. DATE OF DEATH MONTH	8 - 9°3	3. TIME OF GEATH
4. SOCIAL SECURITY NUMBER 220-14-9913 9a. FACILITY NAME (if not institution, give atreet and number)	YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 05/15/10	Cour Ma	ryland
Fallston General Hospi Residence of Decedent			ston	ATH	BC. COUNTY OF	
Maryland Baltimore	10c. CITY, TO	WN OR LOCATI	Baltim	re		10d. INSIDE CITY LIMITS? 1 YES 2. NO
7433 C Tempest Court 11. MARITAL STATUS 12. WAS DECEDENT EVER IN			21237		U.S.A	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DA	2 JNO	If yes, spe	endent of Hispan city Cuben, Mexical 2 NO Specify	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Ble	CE — Americen Indian, ck, White, etc. city:
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8 +)	16a. DECEDENT'S USU, (Give kind of work of life. Do NOT use reti	done during mos		166. KIND OF BUS	SINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) John Miller			18. MOTHER'S NAI	ME (First, Middle, Meiden Beatty	Surname)	
190. INFORMANT'S NAME (Type/Print) Betty Iou Draper				oute Number, City or Town		PA. 17563
4 Donation 8 Other (Specify)	PLACE AND DATE OF DIS elery, crematory or other p leadowridge	Cemet	erv	Bal	timore,	
21. SIGNATURE OF FUNERAL SERVICE LICENSES	h	7110	Belair F	Dippel Soad Balt:	imore, M	Home, Inc. D. 21206
23. PART LEnter the diseases, or complications that consed shock, or heeft failure. List only one cause on es IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A	I the death, Do not each line.	enter the mod	le of dying, auch	ss cerdiec or respi	ratory arrest,	Approximate Interval Between Onset and Death

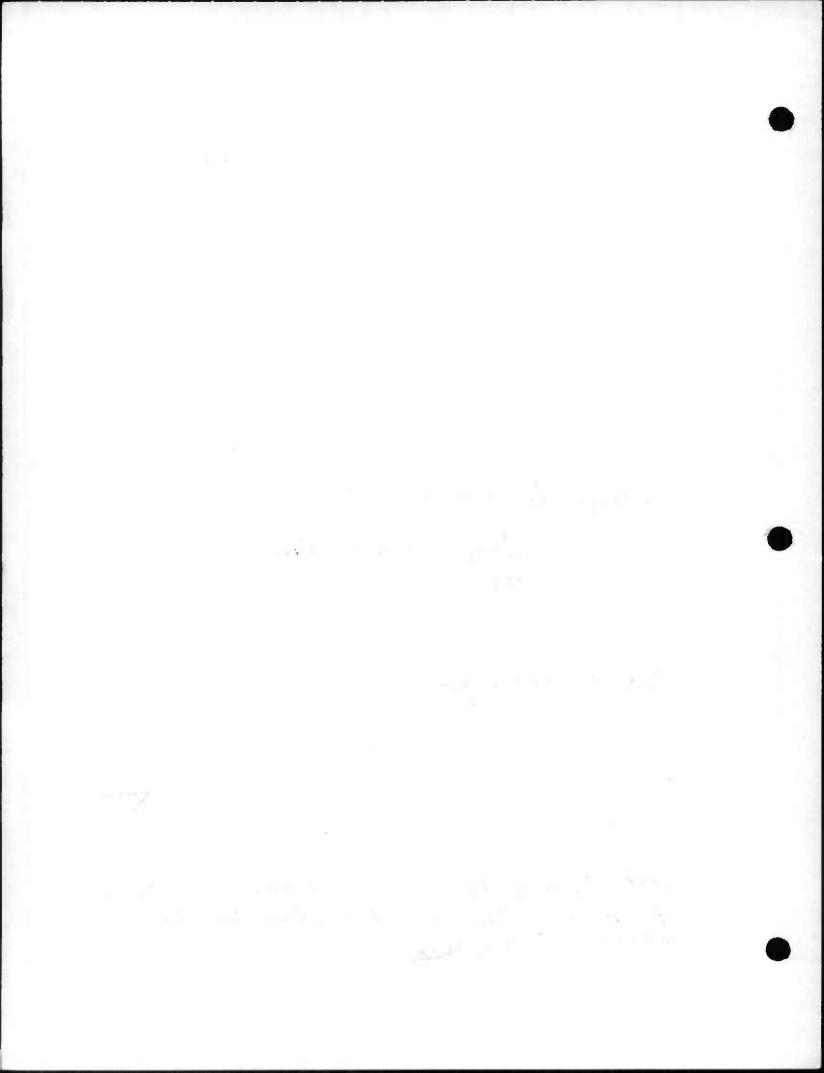
Pallston General Hospital		prtal	e Fallston			Harford		
10a. STATE	10b. COUNTY	10c. CITY,	TOWN OR LOCATION	77425	10d. INSIDE CITY LIMITS?			
Maryland 10e. STREET AND NUMBER	Baltimore		Baltimore			1 YES 2 NO		
IVE. STREET AND NUMBE	EM		101. ZIP CODE	11/2	10g. CITIZEN OF WHAT COUNTRY?			
7433 C Te	empest Court		21237	3.1	U.S.	Α.		
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPANIC	ORIGIN? (Specify Yes or	No- 14. R	ACE - American Indian		
1 Never Merried 2 3 Widowed 4 0		YES 2 NO	If yes, specify Cuben, Mexican, I 1 YES 2 NO Specify:	Puerto Alcan, etc.)	S	leck, White, etc. pecify: ite		
	ECEDENT'S EDUCATION only highest grade completed)	16a. DECEDENT'S U		16b. KIND OF BUSIN	ESS/INDUSTR	Υ		
Elementary/Secondary		ille. Do NOT use	(Give kind of work done during most of working life. Do NOT use retired.) Housewife Home					
17. FATHER'S NAME (First)			18. MOTHER'S NAME Alice Be	(First, Middle, Meiden Su	rname)			
John M								
	ou Draper		poness (Street and Number or Aural Aou Arcadia Trace Roa					
4 Donation 8 Dot	ntion 3 Removal from State ner (Specify)	comotory, cramatory or othe	ce Cemetery	Balt	imore,			
21. SIGNATURE OF FUNE	RAL SERVICE LICENSES	Dr	22. NAME AND ADDRESS OF FACIL	Dibber 1		1 Home, Inc. MD. 21206		
iMMEDIATE CAUSE (i disease or condition resulting in death) Sequentially list conditions, leading to limit	s	R AS A CONSEQUENCE OF):	east faile		tory arrest,	Approximate Interval Betwee Oneet and Dear		
cause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) L/ PART II. Other algniff	DUE TO (O	R AS A CONSEQUENCE OF): seth but not resulting in	the underlying cause given in Pa	PERFORME		24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED	TO MEDICAL		26. PLACE DF OEATH (Check	only one)				
EXAMINER?	MOSPITAL:		THER:					
27. MANNER OF DEATH	28e. DATE OF IN	JURY 286, TIME		Other (Specify) Id. DESCRIBE HOW INJUDE	URY OCCURED			
Natural 8 [Pending Investigation		M 1 YES 2 NO					
a Discourse	Could not be determined 28e. PLACE OF I building, etc	NJURY — At home, ferm, stri (Specify)	eet, factory, office 26	M. LOCATION (Street end City or Town, Stete)	Number or Rur	rel Route Number,		
One) 2 Me	RTIFYING PHYSICIAN: To the best of my			e, date end place, and d	fun to the caus	se(e) end manner as stated.		
30. NAME AND ADDRESS	DF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Topo, P	UZ833	00001	1/16	192		
31. DATE FILED (Month, De	y, Year) J2. REGISTRAR'S	SIGNATURE	week was	(see al	170	MOIS		
AUG 18	1997 Julia Savid	in-Roylett						

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

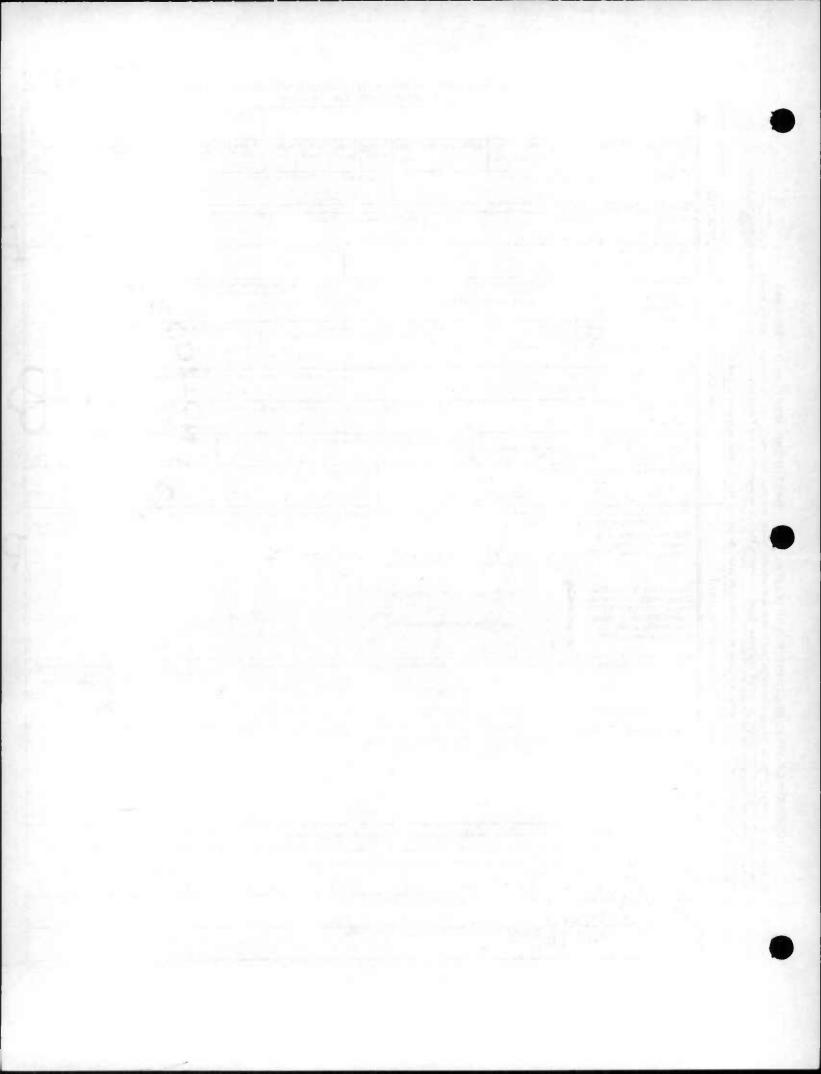
TO TELEMENT DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending 10 the FLEATH, DIRECTOR: After this certificate has been somed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bean after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	1 - STATE OF MARYL REGISTRAR		T OF HEALTH AND	MENTAL HYGIENE REG. NO.	92 22111					
1	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH					
	Mary T. Conley			8°NTH 15°NY	92 YEAR 11:50 A M					
ă.	247 76 3766 1 □ M 2X∑¥ 8	(In yrs. lest birthday) # UNDI	R 1 YEAR IF UNDER 24 HRS. OAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9: / 6/04	BIRTHPLACE (State or Foreign Country) Md .					
~	9a. FACILITY NAME (If not institution, give street and number)		Y, TOWN OR LOCATION OF D		COUNTY OF DEATH					
DIRECTOR	Lincoln Convalescent Ce	nter	Balto.							
E E	10s. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY					
	Md 100. STREET AND NUMBER	Bal	timore		LIMITS? 1 ☑ YES 2 ☐ NO					
FUNERAL	1217 W. Fayette St.		101. ZIP CODE 21.223	10g.	CITIZEN OF WHAT COUNTRY?					
N I	11. MARITAL STATUS 12. WAS DECEDENT EVER I	N U.S. ARMEO t3		NIC ORIGIN? (Specify Yes or No-						
	1 Never Merried 2 Married FORCES? 1 YES	2 NO	If yes, specify Cuban, Mexico 1 TES 2 NO Specific	an, Puarto Rican, etc.)	Black, White, atc.					
D BY	3 Wildowed 4 Divorced				BTack					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL ((Give kind of work done life Do NOT use retired)	OCCUPATION during most of working	16b. KIND OF BUSINESS	INDUSTRY					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)		estic	Home						
Ŏ.	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden Surnam	0)					
BEO	John Lawson									
2	198. INFORMANT'S NAME (Type/Print) Archie Lawson	19b. MAILING ADDRES	SS (Street and Number or Rural Naldorf Ave	Acute Number, City or Town, State Balto., I	Md. 21215					
		PLACE AND DATE OF DISPO			— City or Town, State					
ľ	4 Donation 5 Other (Specify)	salto. Nate			to., Md.					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			orton & Son						
	Vaugha C Dies				o., Md.21217					
	23. PART I. Enter the diseases, or complications that ceuse shock, or heart fallure. List only one cause on a	d the death. Do not ente ech line.	r the mode of dying, suc	h as cardiec or respiratory	arrest, Approximate Interval Between					
	IMMEDIATE CAUSE (Final disease or condition	c+ 60	/- 0		Onset and Deeth					
ł	resulting in death) a. Ong.	CONSEQUENCE OF):	art fache	re						
z	- HASCY	\mathcal{D}								
HIFICATION	if any, leading to immediate	CONSEQUENCE OF):								
3	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
	resulting in death) LAST	i oonidadanaa or j.			-					
5										
Y.	PART II. Other algorificant conditions contributing to death b		nderlying cause given in	Part I. 24a. WAS AN AUTOP: PERFORMED?	AVAILABLE PRIOR TO					
	- Thorse vent for	luse		1 _ YES 2 _ NO	OF DEATH?					
2					1 TES 2 NO					
AN	25. WAS CASE REFERREO TO MEDICAL		26. PLACE OF GEATH (Ch	ack only one)						
PHYSICIAN: M	EXAMINER? 1 YES 2 THO HOSPITAL: 1 Inpetient 2 ER/Outp	oatlent 3 DOA 4 Nu	R: rsing Home 5 □ Residence	8 Other (Specific)						
È		28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW INJURY	OCCUREO					
	27. MANNER OF DEATH 28s. DATE OF INJURY	IM HERV								
	27. MANNER OF DEATH 1	INJURY M	WORK?	1,20,000						
à	1	M M — At home, larm, street, fac	t YES 2 NO	281. LOCATION (Street and Nun City or Town, State)						
à	1	M At home, larm, street, fac	t YES 2 NO	28I. LOCATION (Street and Num City or Town, State)	iber or Rural Route Number,					
à	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 5 Could not be datermined 28e. PLACE OF INJURY building, atc. (Specific Check only 1 CERTIFYINO PHYSICIAN: To the best of my know	M At home, larm, atreet, fed	t YES 2 NO	281. LOCATION (Street and Nun City or Town, State)	iber or Rural Route Number,					
à	1	M At home, larm, atreet, fed	t YES 2 NO	281. LOCATION (Street and Nun City or Town, State)	iber or Rural Route Number,					
BE COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 5 Could not be datermined 28e. PLACE OF INJURY building, atc. (Specific Check only 1 CERTIFYINO PHYSICIAN: To the best of my know	M At home, larm, atreet, fed	t YES 2 NO story, office time, date and place, and dua opinion, death occured at the	281. LOCATION (Street and Nun City or Town, State) to the cause(s) end manner sa time, data and piace, and due to	iber or Rural Route Number,					
BE COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 5 Could not be datermined 28e. PLACE OF INJURY building, atc. (Special Check only one) 2 MEDICAL EXAMINER: On the beat of axamination 29b. SIGNATURE AND TITLE OF CERTIFIER	At home, tarm, street, faction, and the n and/or investigation, in my	t YES 2 NO story, office time, date and place, and dua opinion, death occured at the	281. LOCATION (Street and Nun City or Town, State) to the cause(s) end manner as time, data and place, and due to	stated.					
IO BE COMPLETED BY I	1 Matural 2 Accident 3 Suicide 4 Homicide 5 Could not be datermined 28e. PLACE OF INJURY building, stc. (Special Check only One) 2 MEDICAL EXAMINER: On the beals of examination 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF OE	INJURY M — At home, larm, street, factify) ledge, death occurred at the n and/or investigation, in my ATH (ITEM 27) (Type, Print) 1940 W.	t YES 2 NO story, office time, date and place, and dua opinion, death occured at the	281. LOCATION (Street and Num City or Town, State) to the cause(a) end manner as time, data and pieca, and due to MBER 2.56	stated,					
DE COMPLETED BY	1 Natural 5 Pending Investigation 2 Accident 5 Could not be datermined 28e. PLACE OF INJURY building, stc. (Special Check only one) 2 MEDICAL EXAMINER: On the best of my know 2 MEDICAL EXAMINER: On the best of axamination 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GE	INJURY M — At home, term, street, fed ledge, death occurred at the in and/or investigation, in my ATH (ITEM 27) (Type, Print) 1940 W.	t VES 2 NO Notory, office time, date and piace, and dus opinion, death occured at the	281. LOCATION (Street and Num City or Town, State) to the cause(a) end manner as time, data and pieca, and due to MBER 2.56	stated. o the cause(a) and menner ea stated. DATE SIGNED (Month, Day, Year)					



DIVISION OF VITAL RECORDS, F.O. BOX 88760, BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		RYLAND / DEPAR CERTIF		HEALTH AN		AL HYGIEN REG. NO		26 661		
1. DECEDENT'S NAME (First, Middle, Last) WILLIAM		REDERICK	CA	RTER J	- MON	e of Death ith 08 16	199	3. TIME OF DEATH 9:10 a		
4. SOCIAL SECURITY NUMBER 212–82–1783	1. M 2 - F	AGE (In yrs. lest birthday) 33 vrs.	MONTHS DAYS		ns. 7. DAT	e of Birth	1959	BIRTHPLACE (State or Foreign Country) Maryland		
90. FACILITY NAME (If not institution, give ROUTE #50 AT PRIN		S/ANNE ARUN		NTY LIN		VIE	9c. COUNTY OF DEATH PRINCE GEORGES			
10a. STATE 10b. COUNT	Arundel		ry, town or Lo				10d. INSIDE CITY LIMITS?			
			rasauei	101. ZIP CODE 21122				1 □ YES 2 No N OF WHAT COUNTRY? ed States		
10. STREET AND NUMBER 1574 Long Point 11. MARITAL STATUS 1 Nover Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes,	ECENDENT OF HI apocify Cuban, M ES 2 1 NO S	exicen, Puerte	ilN? (Specify Ye o Rican, etc.)		4. RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) William Exadoric		160. DECEDENT'S (Give kind of the Do NOT u Hardee	work done during se retired.)	most of working		Resta	ırant	STRY		
WITHAM FIEDELIC	ck Carter,			Dorot	hy L.	Sherma	an			
Dorothy L. Carte	er	195. MAILING 1574	Long Pt	Rd.,	Pasade	ena, Ma	arylan	d 21061		
1 Buriel 2-1 Cremetion 3 Ren 4 Donation 6 Other (Specify)		Metro Cre	matory, 22. NAME Kirk	and address of ley-Rud	dick l	92 Cat	ons.,	Baltimore, MD 21		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A AS A CONSEQUENCE O		juste	χ			Onset and Da		
PART II. Other significant condition	ns contributing to de	ath but not resulting	In the underly	ing cause give	n in Part I.	24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Number 5 Residence 6 Nother (Specific PUBLIC ROADWA)										
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s							O BARRIER		
3 Suicide 6 Could not be 4 Homicide determined	Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office hulliling str. (Specific)						2X NO PASSENGER IN AUTO/BARRIER 281. LOCATION (SUPPLIED TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF TH			
		knowledge, death occurs						cause(s) and manner se stated		
296. SIGNATURE AND TITLE OF CERTIFIE	- 500n			29c. LICENSE			29d. DATE S	/16/1992		
30. NAME AND ADDRESS OF PERSON W	COMPLETED CAUSE O		Print) PENN ST			RE, MA				
31. DATE FILED (Month, Downing G 1	8 19. GEDISTRANS		Managas	4						



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F	- The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING DHVCICIAN: The law requires that the death certificate he executed within 24
SION	TENDING
<u>≥</u>	A SO
	Dig.

	1. DECEDENT'S NAME (First, Middle, Les	1171	Anu	-					2. DATE (OF DEATH AL	1g. 12	2 190	2. TIME OF DEATH	
k	4. SOCIAL SECURITY NUMBER	5. SEX	A AGE (In you	s. lest birthday)	et invoc	ER 1 YEAR	IT IMPER	F UNDER 24 HRS. 7, DATE OF BURTH			2/92 113-1			
I.	236-36-1972	1 🗆 M 250 F	1	7 YRS.	MONTHS		HOURS	MIN.	(Month,	Day, Year)		Count		
11-	Da. FACILITY NAME (If not institution, giv		6		01 017	Y, TOWN O	710017	24 07 24		.21,19			RYLAND	
	FALLSTON (ENER	9C /	Hosp.	90. 01	FAL					H/	HRY OF D	CORD	
_	RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY		10c. CIT	Y TOWN	OR LOCATI	ION					THE INCIDE CITY		
	MARYLAND F	LARFORD										10d. INSIDE CITY LIMITS?		
-	IOo. STREET AND NUMBER	HILL OID			DGEV	WOOD	ZIP CODE				ton CIT	TEN OF	1 YES 2 NO	
	903 G. WOODBR	TDCF COUR	יתי			1 1011	210				iog. Git			
1	II. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S	ARMED	113	WAS DECE			AIC OBIGIN	(Specify Yes	as No.		S.A. E – American Indian,	
13	Never Merried 2 📉 Merried Widowed 4 Divorced	FORCES?	1 YES 2 WAR OR DATES	NO		If yes, spe	city Cuba	n, Mexica	in, Puarto R	(can, etc.)	or No.	Blac	k, White, etc.	
r	15. DECEDENT'S EI	DUCATION	16a	DECEDENT'S	USUAL C	OCCUPATIO	N		16b.	KIND OF BUS	INESS/INC	DUSTRY		
	(Specify only highest gra	College (1-4 or 5	+)	(Give kind of life. Do NOT us	work done se retired.)	during mos	it of workin	g						
	N/A	N/A		ASSIST	ANT	MANA	GER		1	DEPART	MENT	STO	RE	
17	7. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, M	iddle, Maiden S	Surname)			
	ELMER R. MICH	AEL					RU	TH	BROAL	WATER				
19	9a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	SS (Street en	nd Number	or Rural I	Route Numbe	or, City or Town	, State, Zip	Code)		
	CHARLES M. DAYT	ON (HUSBA	ND)	903	G. W	JOODBI	RIDG	E CO	URT.	EDGEM	COO	MD	210/0	
1	CHARLES M. DAYTON (HUSBAND) 20e, METHOD OF DISPOSITION 1 (A Burlet 2 Commettion 3 Removel from State Cemelery, crematory or other piace) REI. ATR MEMODIAL CARRENCE OF ATRICAL REI. ATR MEMODIAL CARRENCE OF ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRICAL REI. ATRIC													
BEL AIR MEMORIAL GARDENS 8/15 BEL AIR, MA 11. SECHNIC OF FUNDAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOMES, INC. 9705 BELAIR RD., BALTIMORE, MD								KYLANII						
,	I. SIGNATURE OF PUNDRAL SERVICE	LICENSEE	1.		22. S	CHIM	UNEK	FUN	ERAL	HOMES	. IN	C.		
L	23. PART L'Enter the diseases, o	Complications the	at coused the	death. Do r	S 9	CHIM 705 1	UNEK BELA	FUN IR R	ERAL D. E	HOMES	, INC	C.	21236	
2	23. PART Venter the diseases, o ahock, or heart failure	Complications the	at coused the	death. Do r	S 9	CHIM 705 1	UNEK BELA	FUN IR R	ERAL D. E	HOMES	, INC	C.	21236 Approximata interval Between	
2	23. PART Venter the diseases, o ahock, pr heart failun	r complications the	at coused the	e death. Do r line.	S 9	CHIMI 705 1	UNEK BELA:	FUN IR R	ERAL D., E	HOMES ALTIMO	, INC	C.	21236 Approximata interval Between	
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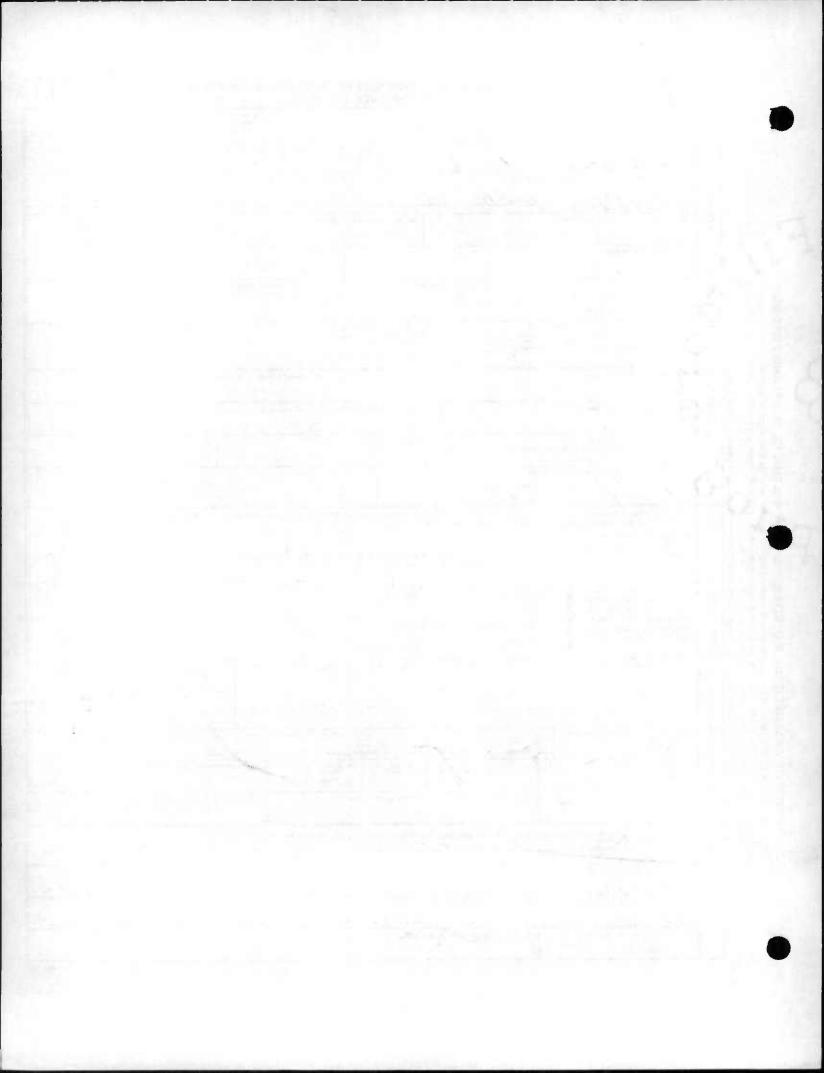
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	IIMORE, MARYLAND 21215-0020
TO THE HIGHTHOOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Page 6 may be retained by the hospital or attending physician,
TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after the state best, of Health and Mental Hydiene prior to burial, cremation, or removal.	al director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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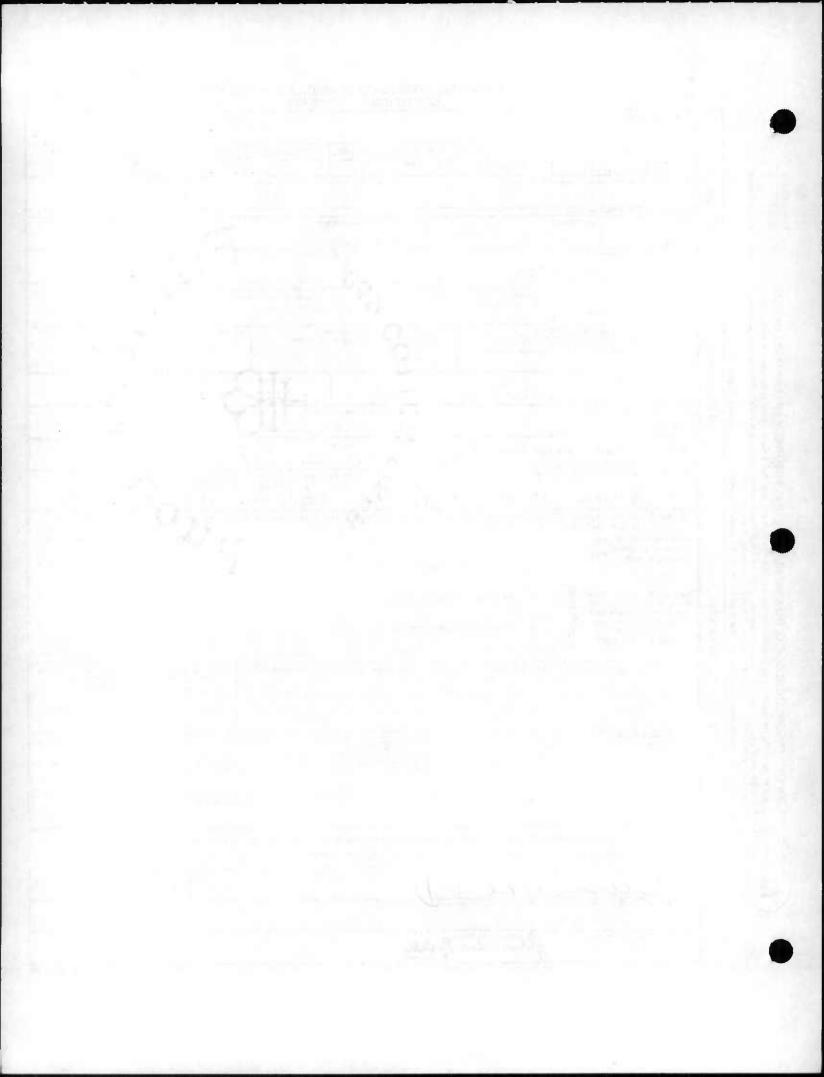
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Edith Alice Dougherty 8 92 12 Noon 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign (Month, Day, Year) 10/27/1895 216 01 5806 1 M 2 X F 96 YRS Maryland Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Charles Town Care Center Baltimore Baltimore County RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Baltimore County Baltimore 1 - YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 701 Maiden Choice Lane 21228 U.S.A. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Ri IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify: White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 10th Grade Housewife Home Maker Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Oris D. Long Clarence H. Hare 8 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Alfred Naunton 5 Airway Circle Towson, Maryland 21286 90 20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Meadowridge Memorial Park 8/17 4 Donation 5 Other (Specify) Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final å ‡ disease or condition resulting in death) HYPERTERSIVE ATHEROSCHEROFIC CARDIOUNSCHEAR DISEASE 10 YEARS event, DUE TO (OR AS A CONSEQUENCE OF): Osteoporons OYEMS traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING multiple Compre EAKS CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 any injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS **AMPLABLE PRIOR TO** COMPLETION OF CAUSE 1 TES ZENO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA me 5 🗆 Residence 8 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 |8 6 Could not ba COMPLETED 4 Homicide 15 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. BE Mill 3018 ellen he 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3320 BENSON AVE RNSSEll 1CLI AM MD 37. REGISTRAR'S SIGNATURE

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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 5 may be retained by the hospital or attending physician.	DESCRIPT After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L UR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	INTECTOR After this certificate has been signed by the attending physician and completely fill

TO BE COMPLETED BY FUNERAL DIE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT II Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ਰ	The state of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
he funeral director, page 5 should be detached for use as the burial-transit permit. Pa	TO THE PINEMAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transpir permit. Page
r death. Page 5 may be retained by the hospital or attending physician.	THE MONTH OF THE WAY OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SA

REGISTRAR		CERTIFI	CALE OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last))				2. DATE	OF DEATH			3. TIME OF DEATH	
Arnie		Dugger			08	13	199	YEAR	3:55	
4. SOCIAL SECURITY NUMBER 236 14 5411	5. SEX 6.	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH h, Day, Year) 3/1906		8. BIRTHE Country	LACE (State or Foreign	
98. FACILITY NAME (If not institution, give 1537 S. Hanover RESIDENCE OF DECEDENT			Baltimo	- 1	EATH	5/1906	9c. COUNT		ATH	
Maryland ==:	TY =====	1	town on Locati	ON					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
1537 S. Hanove	r Street		10f.	ZIP CODE 21230			ZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, spe	ENDENT OF HISPA city Cuban, Mexic 2 NO Speci	an, Puerto		or No-	14. RACE Black, Specify	- American Indian, White, etc.	
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Laborer	rk done during mos retired.)	N t of working	16b	. KIND OF BUS	INESS/INDU	STRY	WILCE	
17. FATHER'S NAME (First, Middle, Lest)	William 3	Jay Dugger		18. MOTHER'S NA		Middle, Maiden S		len:	ix	
19a. INFORMANT'S NAME (Type/Print) MARLENE KELLS			DORESS (Street and				State, Zip (Code)	and 2123	
20e. METHOD OF DISPOSITION 1	moval from State	20b. PLACE AND DATE OF SEMESTRY, CREMENTAL OF OTHER	DISPOSITION /Nan	ne of	8/1	E 20c, LOC	ATION — C	Ity or Tow		
21. SIGNATURE OF FUNERAL SERVICE LI	mame	,	George	J. Gon	Ce Fu	neral	Home	P.A		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OF	R AS A CONSEQUENCE OF):								
CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other algnificant condition	na contributing to de	eth but not resulting in	but not resulting in the underlying cause given in Par					24b. WERE AUTOPSY FINDINGS AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? CTHER: OTHER:										
	ES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
1 XYES 2 NO			(Month, Day, Year) INJURY WORK? 1 YES 2 NO							
	28e. DATE OF INJ (Month, Day,	(bar) INJU	M 1 YE	IK?		CRIBE HOW IN	JURY OCCU	PRED		
1 XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJ (Month, Day,	IJURY — At home, farm, str	M 1 YE	IK?	261. LOC	ATION (Street or or Town, State)			ute Number,	
1 XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER 1 CERTIFYINO PHYS	28e. DATE OF IN. (Month. Day. 28e. PLACE OF In. building, etc.	IJURY — At home, farm, str	M 1 ☐ YE net, factory, office at the time, date e	end place, end due	261, LOC. City	ATION (Street or or Town, State)	ed Number o	r Rurai Ro		
1 XYES 2 NO 27. MANNER OF DEATH 1 X Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER 1 CERTIFYINO PHYS	28e. DATE OF IN. (Month, Day, 28e. PLACE OF INbuilding, etc.) SICIAN: To the best of my	knowledge, death occurred ination end/or investigation,	M 1 YE work, office at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the time, date at the tim	end place, end due	26f. LOC. City to the cau time, date	ATION (Street or or Town, State)	od Number of her as stated due to the	r Rural Ro	end manner ee state Month, Day, Year)	



Approximate interval Between Onset and Death

08/13/1992

PM

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

2 Accident

3 Suicide 4 Homicide

1 - FOR STATE REGISTRAR		STATE OF	MARYLAI	ND / OEPAI CERTIF					MENTA	L HYGIEN		92		2277
1. DECEDENT'S NAME (Fire	st, Middle, Lest)									OF OEATH			3. TIMI	E OF DEATH
Jeremiah						Din	kins		08	12	10	992	9:	11 F
4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In	yrs. lest birthday)	IF UND	DER 1 YEAR	IF UNDER		7. DATE	OF BIRTH	- '	8. BIRTI	HPLACE	State or Foreign
219-80-59	118	1 M 2 F		32 YRS.	MONTHE	DAYS	HOURS	MIN.		8 - 60		D C	hy)	
9a. FACILITY NAME (If not		atreet and number)		J.L	9b. CI	TY, TOWN O	R LOCATI	ON OF DE		0-00	9c. CO	UNTY OF C	DEATH	
University		al S.T.U	•		Ba	ltimo	re							
MD MD	10b. COUNT	Υ			.,	i more							LI	SIDE CITY MITS?
104. STREET AND NUMBER	R				X 1 0		ZIP CODI	E	_		10a CC	TIZEN OF	PY	
3106 Loch	Rave	n Rd					1218						WIINI OU	owini,
11. MARITAL SYATUS		12. WAS DECEDER	T EVER IN U	S ARMED	1				IIC OBIOII	17 (Specify Yes		S.A.	- 1	aloue to de .
1 Never Married 2 2 3 Widowed 4 Div	_	FORCES?	YES	2 NO	ľ	If yes, spe 1 TYES	city Cuba	n, Mexica	n, Puarto	Rican, etc.)	or no-	Spec B 1 a	div:	rican Indian, etc.
	CEDENT'S EDU		1	6a. OECEDENT'S	USUAL	OCCUPATIO	N t of working	~	16b	KIND OF BU	SINESS/IN	OUSTRY		
Elementary/Secondary		College (1-4 or 5		(Give kind of life. Do NOT u		,	t or worker	9						
				Unemp	loye	e d								
17. FATHER'S NAME (First,)										Middle, Maiden	Sumame)			
Jeremiah	Dink	ins Sr.					Ann	ie	Rey	nolds				
19a, INFORMANT'S NAME										ber, City or Tow				
Rose Lowe				3106	5 Lo	och F	Rave	n R	d./	Balti	mor	e, M	ID 2	1218
20a. METHOD OF DISPOSI 1 ☐ Burial 2 ☐ Cremati 4 ☐ Donation 6 ☐ Othe	lon 3 🗌 Rem	oval from State		STET				Gard		E 20c. LO		- City or To		•
21. SIGNATURE OF FUNER.	AL SERVICE LIC	ENSEE	200	X	22	2. NAME AN	D AODRES	S OF FAC	CILITY					AVE.
23. PART I. Enter the shock, or I iMMEDIATE CAUSE (Fi disease or condition resulting in death)	leart failure.	a. STAG	S W	he death. by the line.	OF	er tha moo	le of dyi	ng, such	n aa card	flac or reap	iratory a	rrest,	A	pproximata itarvai Betwee neet and Daa
Sequentially list condi- if any, leading to immi- cause. Enter UNDERLY CAUSE (Disease or in)- that initiated events resulting in death) LAS	riNG ury	с.		ONSEQUENCE O										
PART II. Other algnific		a. contributing to	deeth but	not resulting	in the c				_	PERFOF 1 YES 2	MED?	246	OMPLE OF DEAT	UTOPSY FINDING ILE PRIOR TO ETION OF CAUSE IH?
EXAMINER?	O MEUICAL	HOSPITAL:			ОТНЕ		CE OF O	EATH (Che	ck only on	ne)				
YES 2 NO		1 Inpatient 2			4 🗆 Nu	ursing Home		sidence						
27. MANNER OF DEATH 1 Natural 6	Pending	28a. DATE OF (Month, D	law Visari		URY	28c. INJU WOR	HC?			CRIBE HOW I				
2 Accident	Investigation	08/12	/92	8:3	6P M	1 🗆 YI	ES 2	KNO	Sub	ject C	ut A	and S	tabb	ed

281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 800 Blk. W. Lombard Street. 29a. CERTIFIER (Check only ed at the time, data and place, and due to the cause(s) and menner as atated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

111 Penn Street , Baltimore Maryland 21201

26s. PLACE OF INJURY — At hon building, atc. (Specify)

On Street.

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	FOR 1 - STATE REGISTRAR		STATE OF I			RTMENT O			MENTA	L HYGIEN	E	22	2777
	1. DECEDENT'S NAME (First		hlke						MONT	E OF DEATH	AY .	3. 992	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/8-40-/6;		5. SEX 1	6. AGE (In yr. 49	s. lest birthday) YRS.	IF UNDER 1 Y	EAR IF UND AYB HOURS	ER 24 HRS.	7. DATE (Mon	OF BIRTH th, Day, Year) 12-19	, .		CE (State or Foreign
ECTOR	90. FACILITY NAME (II not in 16 Lank	Mead					WN OR LOCA		EATH		9c, COUNT		noke
DIRECT	RESIDENCE OF DEC	10b. COUNTY			10c. CI	ry, town or i	OCATION Limor	0				100	1. INSIDE CITY LIMITS?
	100. STREET AND NUMBER		TIMORE			Duce	10f. ZIP CO	DE			10g. CITIZE		COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 3 Wildowed 4 Divo	Merried	12. WAS DECEDER	NT EVER IN U.S I YES 2 WAR OR DATES	NO NO	If ye		ben, Maxica	in, Puerto	IN? (Specify Yes Ricen, etc.)	or No — 14	I. RACE — Black, W Specify:	American Indian, hite, etc. White
PLETED	15. DEC (Specify onl Elementary/Secondary (C	EDENT'S EDU y highest grade 0-12)	CATION completed) College (1-4 or 5		(Give kind of life. Do NOT u	work done during retired.)	ng most of wor	-	.16	6. KIND OF BUS	siness/indus		
TO BE COMPL	17. FATHER'S NAME (First, M OABORNE	Bren						Fre	da	Middle, Meiden Fulle nber, City or Tow	Surname) /L		
10	Mr. Frede	inick		20b. PL/	CE AND DATE	6 Lan	k Me	adow		Bal		MD.	2/236 State
	4 Donation 5 Other	(Specify)			r, cremetory or RRWOO		ME AND ADDE	ESS OF FA	CILITY	/19 Bo n Fund Rd. Bo		•	
	22. PART & Enter the d	eart failure. sal	Eist only one certain a. Due to	use on each	lina.	not enter the	mode of d	lying, suc	h as car	rdiec or reapi	iratory arrea	it,	Approximate interval Betwee Onset and Deal
ERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initieted events resulting in deeth) LAS	lons, diate ING Iry	DUE TO	OR AS A COL	NSEQUENCE (DF):				,	8		
MEDICAL C	PART II. Other significe	ent condition	a contributing to	death but n	ot resulting	in the unde	riying cause	given in	Part i.	24a. WAS AN PERFOR 1 YES 2	RMED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:			OTHER:	26. PLACE OF						
PHY	27. MANNER OF DEATH	Pending	28e. DATE Of (Month, I		28b. TII	JURY	c. INJURY AT WORK?	Residence		er (Specify) ESCRIBE HOW t	NJURY OCCU	RED	
ETED BY	3 Suicide 8	Investigation Could not be determined	28s. PLACE (building	OF INJURY — A , etc. (Specify)	Af home, ferm,				281. LO	CATION (Street of yor Town, State)	end Number or	Rural Route	Number,
COMPLE	onel		CIAN: To the best o										d manner as stated.
TO BE C	29b. SIGNATURE AND TITLE	W	latilda	H. S.		D.	29c. Li	D - Z		50	29d. DATE S	01	onth, Day, Year) 3/92
	30. NAME AND ADDRESS OF	York	Rd, I	uthen	ille,	MD.	1093	,					
	31. DATE FILED (Month, Day, AUG 1	8 1992	GLIVE V	Day do	Handel	4							

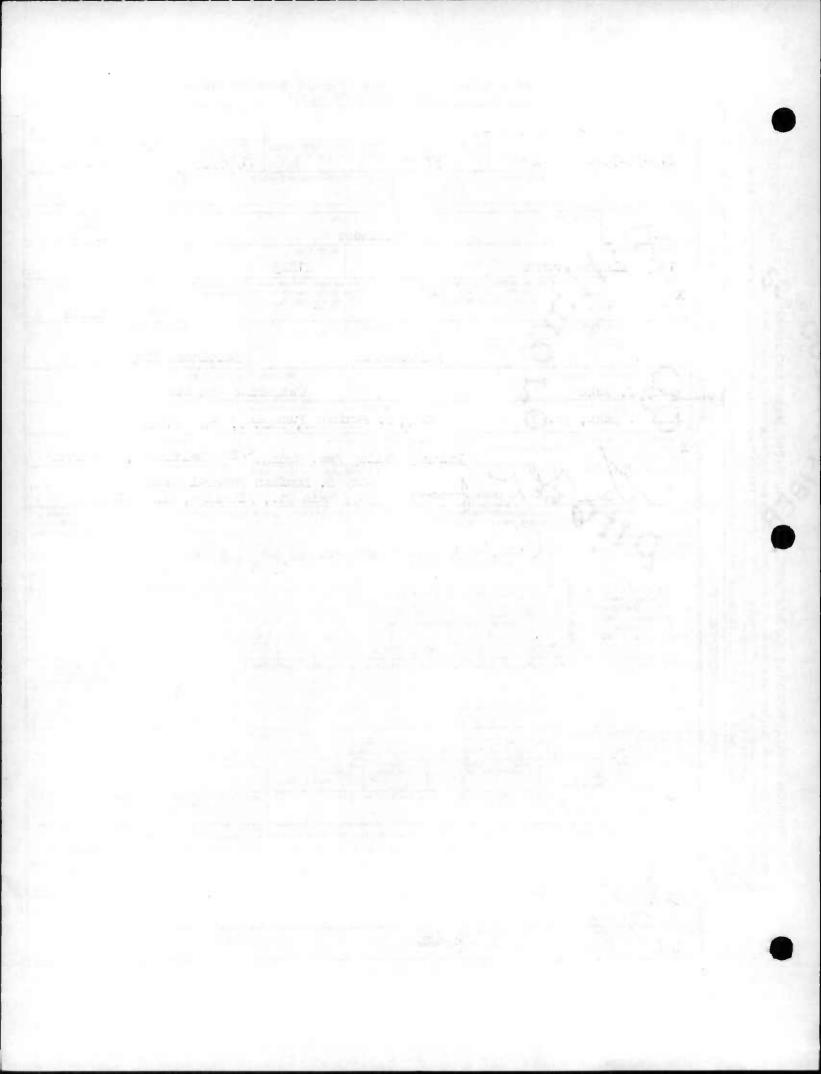
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE PROPERTY OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	THE TOWNS After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transfer hours after death with the State Bent of Haath and Mental Horlene notor to burial command.	
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AUG 1

REGISTRAR DECEDENT'S NAME (First, Middle, Last)					1	REG. NO			
THOMAS H. Ecke	A/K/A Eck				2. DAT	th 15	199	YEAR	3. TIME OF DEATH 12:19
SOCIAL SECURITY NUMBER		AE (In yrs. leat birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	E OF BIRTH	100		HPLACE (State or For
215-32-7628	1 № M 2 🗆 F	57 YRS.	MONTHS DAYS	HOURS MIN.	01/	09/35		Count	aryland
a. FACILITY NAME (If not institution, give at	reet end number)		9b. CITY, TOWN	N OR LOCATION OF			9c. COU	NTY OF D	DEATH
1645 WILKENS AVE			BALTIM	10RE					
On. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOC	CATION					10d. INSIDE CITY
Md.		Ba	ltimore						LIMITS?
De. STREET AND NUMBER				10f. ZIP CODE			10g. CIT		WHAT COUNTRY?
1645 Wilkens Ave				21223				US	
Mover Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2 NO	If yee,	specify Cuban, Mexi ES 2 NO Spec	can, Puerto	IN? (Specify Yes Rican, atc.)	or No—	14. RACI Blaci Spec	E — American Indies k, White, etc. sily: White
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed	16a. DECEDENT'S	USUAL OCCUPA	TION	16	b. KIND OF BU	SINESS/INC	DUSTRY	1111100
Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during i se retired.)	on or worming		2-211		, ,	
7. FATHER'S NAME (First, Middle, Last)		Mainte	nance			Baltimo		lty	
Harry J. Ecke				18. MOTHER'S N					
De. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street	et end Number or Rura		Winga		Code1	
John E. Ecke, Sr.	(D			l Rd., Ba			2122		
3. PART I. Enter the disease, or coshock, or heart injure. L	Manufactions that card	Dulaney V	Gary 5695	L. Kaufn Main St.	an F	uneral kridge	Home	8 21	Maryland 227 Approximate Interval Bell
3. PART I. Enter the diseases, or co	DUE TO (OR AS	Dulaney V	22. NAME Gary 5695 not enter the n	L. Kaufn Main St.	FACILITY IAN Fi , Ell ich as csi	uneral kridge	Home	8 21	227
3. PART I. Enter the diseases, or conshock, or heart in ure. Leaves or condition esuiting in death) sequentially list conditions, any, lesding to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events	DUE TO (OR AS	Dulaney V	22. NAME Gary 5695 not enter the n	AND ADDRESS OF I. Kaufn Main St. node of dying, au	ACLITY IN ELL ICH AS CSI	uneral kridge rdlac or respl	Home, Md.	21 rest,	Approximation of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the
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ART II. Other algnificant conditions WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS	Dulaney V	22. NAME Gary 5695 not enter the n	AND ADDRESS OF I. Kaufn Main St. node of dying, au	n Part I.	uneral kridge de de de de de de de de de de de de de	Home Md. Iratory sri	21 rest,	Approximatinterval Bel Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Ons
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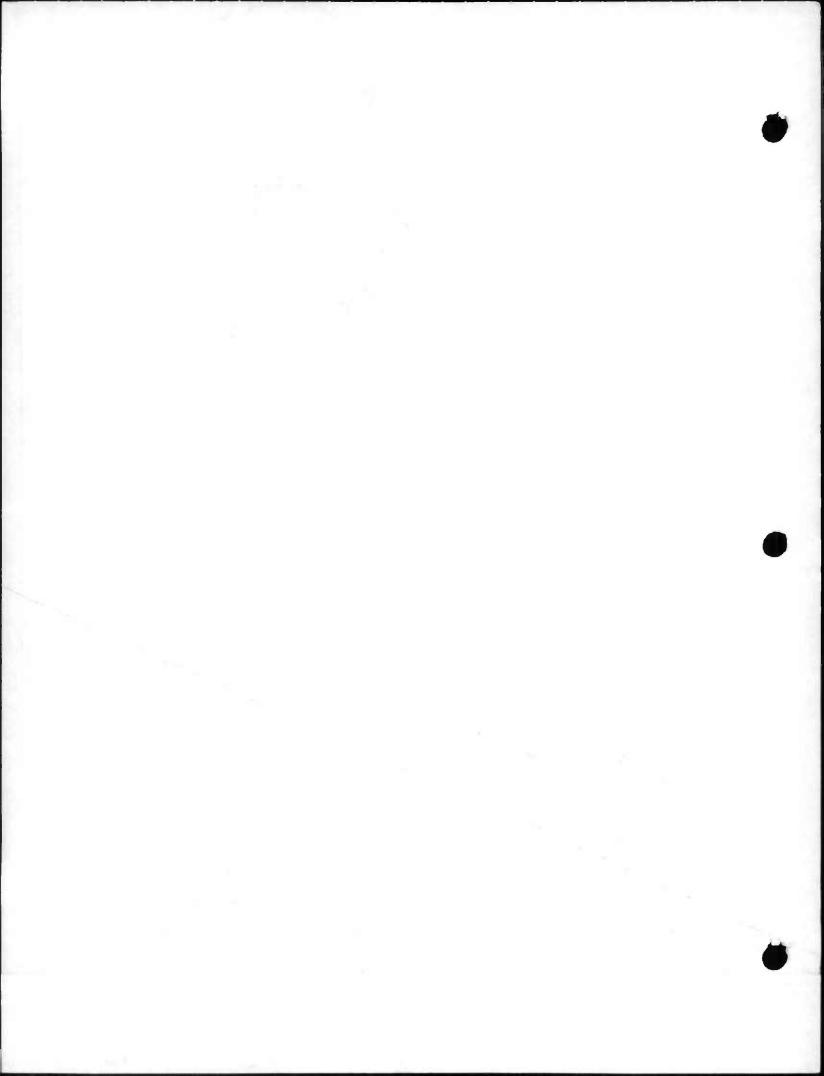
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH REG. NO.	

	1 - FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH ANI ATE OF DEATH	MENTA	L HYGIENE	E	6 6 1 1 0
	1. DECEDENT'S NAME (First, Middle, Last)					OF DEATH		3. TIME OF DEATH
1 5	Berkley	E	lswick		MONT	8-16-	92 YE	1:50 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (UNDER 1 YEAR IF UNDER 24 HR	. 7. DATE	OF BIRTH	8.1	BIRTHPLACE (State or Foreign
	224-22-3162	1 XM 2 □ F 6	7 YRS. MO	NTHE DAYS HOURS MIN	1 -	22-192	5 '	Country) Virginia
	Se. FACILITY NAME (If not institution, give a	treet and number)	96	CITY, TOWN OR LOCATION OF	DEATH		9c. COUNTY	OF DEATH
H	Francis Scott	Key Medical	Center	Baltimore				
5	RESIDENCE OF DECEDENT							
DIRECTOR	10a, STATE 10b, COUNTY	/	10c. CITY, T	OWN OR LOCATION				10d, INSIDE CITY LIMITS?
	Md.			Baltimore				1 X YES 2 NO
₹	10e. STREET AND NUMBER	.		101. ZIP CODE			-	OF WHAT COUNTRY?
FUNERAL	5044 E. Federal			21205				S.A.
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED	13. WAS DECENDENT OF HIS If yes, specify Cuban, Me:			or No 14.	RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced			1 TYES 2 NO Sp				Specify:
	15. DECEDENT'S EDUC	Korean	16a, DECEDENT'S USI	IAL OCCUPATION	1 405	. KIND OF BUS	NEGO (NIC) IOT	White
	(Specify only highest grade Elementary/Secondary (0-12)	completed)		done during most of working	190	KIND OF BUSI	INESS/INDUS	RY
12	10th GRade	College (1-4 or 5+)	Weld	low.		Doal	1.5	Chall
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		метс		NAME (First)	Betn Middle, Maiden S	1ehem	Steel
	Lafayette	Elswick						
BE	19a. INFORMANT'S NAME (Type/Print)	EISWICK	19h MAII ING AD	DRESS (Street and Number or Ru	ertha	Wya		401
임	REgina E. Elswic	le	1	Federal Str				*
	20s. METHOD OF DISPOSITION		PLACEANDDATEOF		DAT			or Town, Stats
	15☐ Burial 2 ☐ Cremation 3 ☐ Remo	oval from State cert	netery, crematory or other	place) Cemetery	8-2			= (
	21. SIGNATURE OF FUNERAL SERVICE LIC		noily hil	22. NAME AND ADDRESS OF		.0]	Baltim	nore Co. Md.
П	1/	7 1	1	TO MINE AND REAL PROPERTY OF	ranata (64	15 Bel	air Road
\vdash	* gathlew ,	1. Kurgok	41	John C. Mill	er, In	c. Ba	ltimor	e,Md21206
	23. PART 1. Enter the diseases, or canock, or heart failure.	complications that caused List only one cause on a	d the death. Do not	enter the mode of dying, a	such as care	flac or respir	atory arrest,	
	IMMEDIATE CAUSE (Final	1/ /	gen mon.					Interval Between Onset and Death
l I	disease or condition	. Hypoter	1510h					
		DUE TO JOR AS A	CONSEQUENCE OF):					
z	Sequentially list conditions,	. Hemop	14515					
CERTIFICATION	If any, leading to immediate	DUE TO IGH AS A	CONSEQUENCE OF)	The -				
호	CAUSE (Disease or Injury	Pallnon	rary	FIDROSIS				
#	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
15		4						
L	PART II. Other significant condition	s contributing to death b	ut not resulting in t	he underlying cause given	in Part I.	24s. WAS AN A	NUTOPSY	24b. WERE AUTOPSY FINDINGS
8			35/44/7/53/55/55	Brancond Cove Cleaning Trees.	stockerodser.	PERFORM	50000	AMALABLE PRIOR TO COMPLETION OF CAUSE
8						1 □ YES 2	□ MO	OF DEATH?
2	-							1 TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			14 BLACE OF DEATH	-			
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B	Accident Investigation	26s PLACE OF HARRY	- At home, farm, stree	M 1 YES 2 NO	200 1 000	ation for a	4.00	No. 10 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March 11 March
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BALTIMORE, er death. Page 6 may be	by the fundral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, proval. Iteal examiner must be notified at once.		A. 13	chic	(111)	0.		
afe i	or removal		23. PART I. Enter the di	eases, or c	omplications the	t cousec	the de	eth. D
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

į.	1. DECEDENT'S NAME (First	t, Middle, Last) F.V.A	E. ESSI	LINGER							2. DATE OF C	HTAS	NY . O.	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM								1		August		, 199	92	7:15 рм
	218-32-4806	5	5. SEX	6. AGE (In)		birthday)	IF UNDE	DAYS	_	24 HRS.	7. DATE OF B (Month, Day	(ATH	1902	8. BIRTH	PLACE (State or Foreign y) Tyland
	9a. FACILITY NAME (If not it						9b. CIT	Y, TOWN	N OR LOCATI	ON OF DE			9c. COU	NTY OF D	1
	Manor Care		<i>r</i> ille						Ross	svi.l.	le		Ba	altin	nore
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ŀ	Maryland	Bal	Ltimore				loss								LIMITS?
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	23. PART I. Enter the dishock, or hi IMMEDIATE CAUSE (Findisease or condition resulting in death)	and Januare.	a. Card	OR AS A S	bu	In	ros				n as cerdiac o	,	ratory en	rest,	Approximete interval Between Onzat and Daeth
	Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injusted initiated events resulting in deeth) LAS	dleta ING Iry	De.	OR AS A CO	ti	2									
۱	PART II. Other eignifice	nt condition	e contributing to	deeth but	not re	eulting is	n the u	nderlyl	ng ceuse g	Iven in	Part I. 24a.	WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
		DV	TD ·								1	YES 2			AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO EXAMINER?	D MEOICAL	HOSPITAL:				OTHE		PLACE OF D	EATH (Che	ock only one)				
	1 VES 2 NO		1 Inpatient 2				4'X Nu	rsing Ho		sidence	6 Other (Spe	clfy)			
	1 Netural 5	Pending Investigation	26a. DATE OF (Month, D.			26b. TIME INJU	OF JRY M	W	NJURY AT VORK? YES 2	NO	26d. DEŞCRIBI	E HOW IN	JURY OC	CURED	
	3 Sulcida 6	Could not be detarmined	28e. PLACE O building,	F INJURY — atc. (Specify)	At hom	ie, term, si	treet, fac	tory, offi	lica		281. LOCATION City or Tow	(Street airn, State)	nd Number	or Rural R	oute Number,
	29a. CERTIFIER (Check only one) 1 CERT 2 MEOI	IFYING PHYSIC	CIAN: To the best of R: On the bests of as	my knowleds	ge, deat	th occurre	d at the i	ilme, dat opinion,	te and place,	and dua	to the cause(s)	and mani	ner as stat	ed. na cause(n)	and manner as stated.
L	29b. SIGNATURE AND TITLE	Mul	un m	12					29c. LICE	NSE NUM	BER		29d, DAT	E SIGNEO	(Month, Day, Year)
	30. NAME AND ADDRESS OF	Lock	RIN	ven	(ITEM	3/2	Print)	,	Ba	Hin	nou	M	0	21	239.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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MPORTANT:

John

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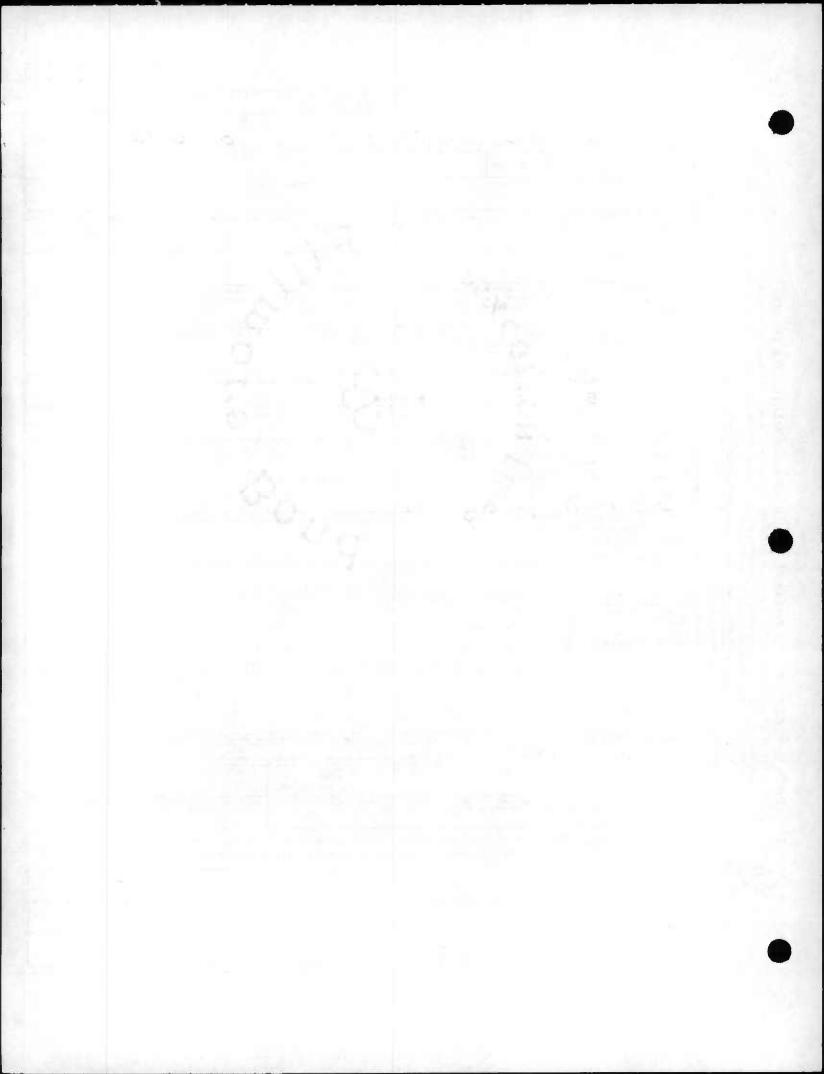
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	. DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1. 2.		
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and a common of the incommon o	tor.		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 3. TIME OF DEATH 200 wood 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 11/9/1948 8. BIRTNPLACE (State or Foreign 217 50 8489 1 2 M 2 | F 43 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University Hospital Center **Baltimore** City _____ RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1448 Wicomico Street 21230 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If was specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TO NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cubi COMPLETED BY Specify: 3 Widowed 4 Divorced Specify: White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 6 +) Trailer Mechanic Equipment Services 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Burnette Edward Fleetwood Sr. Virginia Barrack BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Fleetwood 1448 Wicomico Street Baltimore, Maryland 21230 20a. METHOD OF DISPOSITION
1 □ Burial 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Nama of DATE 20c. LOCATION - City or Town, Stata 4 Donation 6 Other (Specify) Metro Crematory, Inc. 8/12 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failuse-tiet only one couse on each line. 23. PART I. Enter the dises Approximate Interval Betw IMMEDIATE CAUSE (Finel Onset and Death disesse or condition Cardio /monaresulting in death) DUE TO (OR AS A CONSEQUENCE OF): Respiration Tuk CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY La 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: ent 2 ER/Outpatient 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 6 Pending Investigat 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) S Could not be determined BE COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CENTURE 29d, DATE SIGNED (Month, Day, Year) 2

LETED CAUSE OF DEATN (ITEM 27) (Type, Print)

23 REGISTRAR'S SIGNATURE



BAL	offer death
	24 hours
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 24 hours after death
TAL RECORD	The law requires that th
DIVISION OF VIT	OR ATTENDING PHYSICIAN
	SPITA

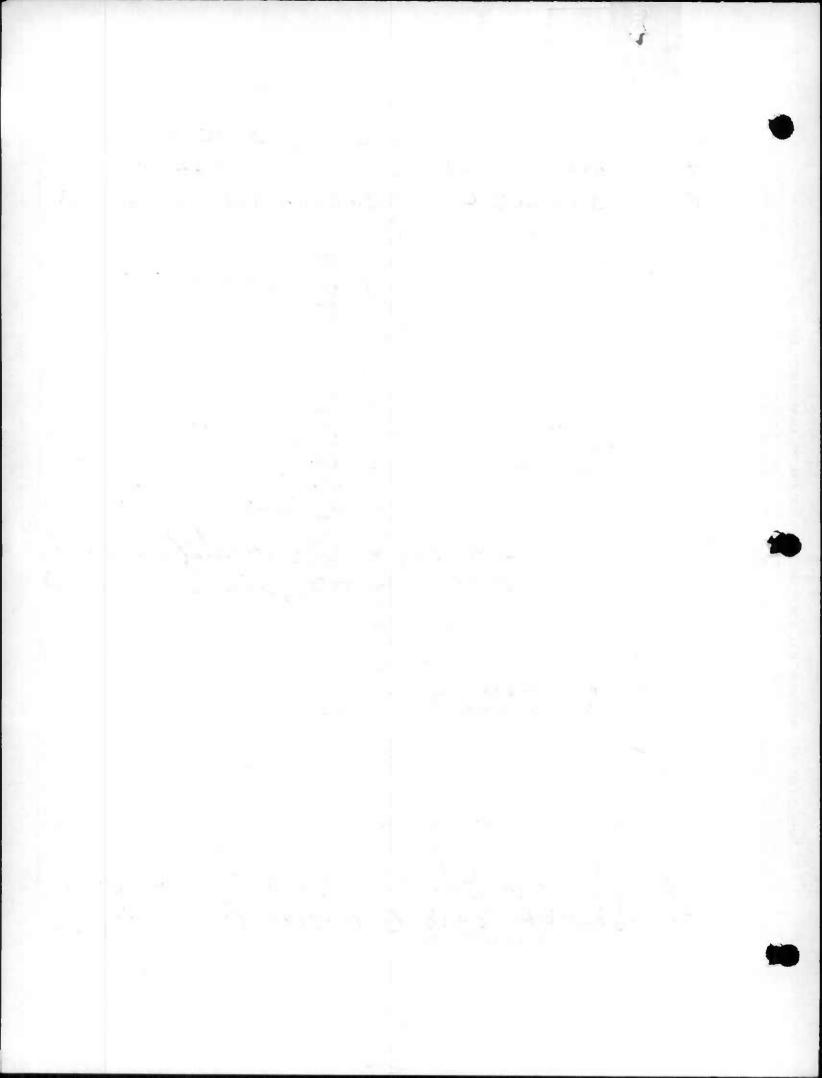
		rst, Middle, Last)						DEATH	2. DA	REG. N			3. TIME OF DEATH
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	4. SOCIAL SECURITY NUI		S. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.		E OF BIRTH		8. BIRTHI	PLACE (State or Foreign
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N.			Hos puta	e.				or location of		A	9c. COUR	TY OF DE	EATH
5	RESIDENCE OF DE	CEDENT							year				
DIRECTOR	Maryland	10b. COUNT	Y			TY, TOWN							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBE	iR .			В	alti		ZIP CODE			100 CITI	ZEN OE W	1 YES 2 NO
FUNERAL	6063 Harfo	ord Rd.						21214			US		THAT GOOD THAT
B	11. MARITAL STATUS 1 Never Married 2 (3 Widowed 4 December 1997)		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED		If yes, sp	ENDENT OF HISP ecity Cuben, Mexi 2 X NO Spec	can, Puert	IN? (Specify o Rican, etc.)		14. RACE	- American Indian, White, etc. y: White
	15. DE	ECEDENT'S EDL	JCATION .	16a.	DECEDENT'S	USUAL O	CCUPATIO	ON	1	6b. KIND OF I	BUSINESS/IND	USTRY	willte
COMPLET	Elementary/Secondary		College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	ouring mo	ist or wording					
MP	17. FATHER'S NAME (First,	Address 4 - 4			Jewe	ler					elf		
	John Floyd							Margai					
) BE	19a. INFORMANT'S NAME				19b. MAILING	ADDRES	S (Street a	nd Number or Rura				Code)	
2	Virginia M	leeks						t Plains					21286
	20a METHOD OF DISPOS 1 A Burlel 2 Cremat	ITION tion 3 - Ram	noval from State	20b. PLA0	CE AND DATE	OF DISPOS	SITION (Na	me of			LOCATION -		
	4 Donation 8 Doth	er (Specify)		More	Land			Park		15 P	arkvil	le,	MD
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	23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	nearrianure.	a. Sept	t caused the use on each i	ine.	6(009 1	Harford	Rd.	Ralt	imore	MD	21214 Approximate interval Batwe
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	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	1. OECEDENT'S NAME (First, Middle, Lost) 2. DATE OF DEATH DAY YEAR 2. 45P M
	4. SOCIAL SECURITY NUMBER 5. SEX 4. AGE (In yrs. last birthday) If UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) MIN. Month Month Min. Month Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min. Min.
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DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	Maryland Anne Arundel Pasadena 1 □ YES 2 ☒ NO 100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?
FUNERAL	266 Carroll Road 21122 U.S.A.
B≺	11. MARITAL STATUS 1 Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, Whifia, stc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 10. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 11. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 12. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 13. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, stc. 15. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.)
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)
PLE	Elamentary/Secondary (0-12) College (1-4 or 5+) 5+ years College Professor
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) Edward Giblette 18. MOTHER'S NAME (First, Middle, Malden Surname) Mary Withrow
TO E	19a. INFORMANT'S NAME (Types/Print) Charles Mitch Jr. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 266 Carroll Road Pasadena, Maryland 21122
	20a. METHOD OF DISPOSITION 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition 2 Disposition
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225
CERTIFICATION	23. PART 1. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, euch as cerdiec or reepiratory arrest, shock, or heart failure. List only one cause on aech lina. IMMEDIATE CAUSE (Finel disease or condition reaulting in daath) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente reaulting in daath) LAST Approximete interval Between Onset and Death Onset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHERS:
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TED BY	2 Accident 3 Sulcide 4 Homicide 28a. PLACE OF INJURY — A1 home, farm, street, factory, office building, stc. (Specify) 28a. PLACE OF INJURY — A1 home, farm, street, factory, office City or Town, State) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.
BE	29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Gry, Year)
10	30. May the Address of Person who completed cause of Geath (ITEM 27) (Type, Print) Shander 8418 BAABIVE Pasadena Adam
	31. Date live drongs on your August Davidson Williams



THE MESTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after death. Page 6 may be retained by the hospital or attending physician.

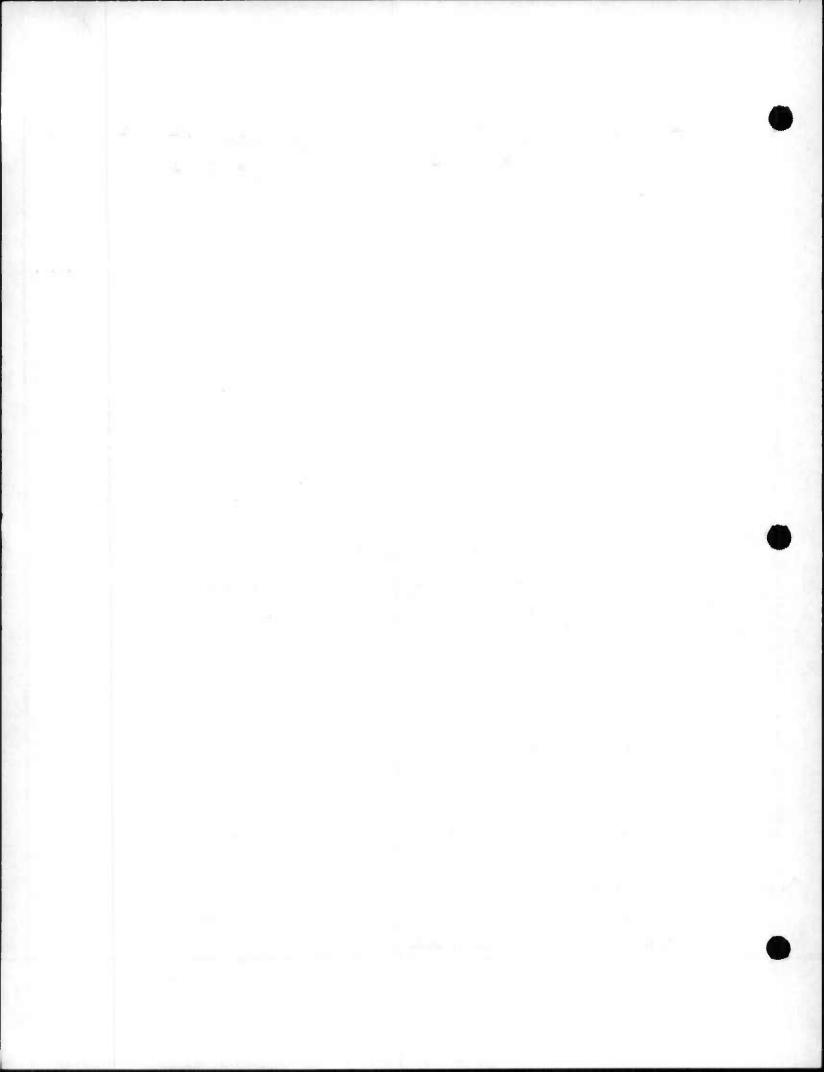
TO PHYSICIAN: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

	REGISTRAR		CER	IIFIC	ALE OF	DEATH		REG. NO	1.		
	1. DECEDENT'S NAME (First, Middle, Last)		OLDEN					08	2_	92	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212 16 2958	1 🗆 M 2 🂢 F	AGE (In yrs. lest birti		NTHE DAYS	IF UNDER 24 HRS HOURS MIN.	7. D.	ATE OF BIRTH Worth, Day, Year)	8	B. BIRTHPL Country) Mary	ACE (State or Foreign
OR	96. FACILITY NAME (If not institution, give a St. Agnes Hosp				Baltin	OR LOCATION OF		ty	1	NTY OF DEAT	
5	RESIDENCE OF DECEDENT										
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY		10		OWN OR LOC					10	Id. INSIDE CITY
ā		ne Arundel		Bal	timore					1	YES 2 NO
A	10e. STREET AND NUMBER				1	M. ZIP CODE			10g. CIT	ZEN OF WHA	T COUNTRY?
ᇤ	213 Creswell Re	oad				2122	5				U.S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EV				CENDENT OF NISF			s or No-	14. RACE	American Indian, /hite, etc.
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1				pecify Cuben, Mex S 2 🔯 NO Spe		erto Ricen, etc.)		Specify:	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDI	ENT'S USU	AL OCCUPAT	ION ost of working	T	16b. KIND OF BU	SINESS/INC	DUSTRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do l	NOT use rei	tired.)	ost or working					
MP			Hou	sewi:	fe			Home	Maker	2	
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname)										
BE (
2	19e. INFORMANT'S NAME (Type/Print)					and Number or Run					
F	Rita Sellers		428	Ste	mmers	Run Roa	.d	Baltimo	ore,	Maryla	and 21221
	20s. METHOD OF DISPOSITION 1 String Burlai 2 Cremation 3 Remote A Donation 5 Other (Specify)	oval from State	20b. PLACE AND Competery, cremato	OATE OF D	ISPOSITION (A	ial Parl	1 1			City or Town,	State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	dien ne	a v CII	22 NAME /	NO ADDRESS OF	EACH ITY	,			
	Richard	- EDa	vie		Geor	ge J. Go Ritchie	nce	Funeral			
	23. PART I. Enter the diseases, or o	complications that ca	used the death.	Do not							Approximata
	shock, or heart failure. IMMEDIATE CAUSE (Final	•									Interval Between Onset and Death
- 1	disease or condition	1111	0,5	MI	200	= 0		2.5			Oliset and Doutin
	resulting in death)	DUE TO (OR	AS A CONSEQUEN	ICE OF):	TI-TV.	[MIC	- 44	CE			
NO	Sequentially list conditions,	a. MULT DUE TO (OR b. SUB- DUE TO (OR	ENDO	CAR	DIAL	My	CA	RDIPL	INF	meti	N
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	+ R-	C-A A -	CE OF J.	70	0					
윤	CAUSE (Disease or injury that initiated events	C + PER	AS A CONSEQUEN	CE OF):	DINE	RTICH	41	T.IS.			
E	reaulting in death) LAST										
8		d									
	PART ii. Other aignificant condition	a contributing to dea	th but not resul	ting in th	ne underiyli	g cause given i	n Part i	i. 24a. WAS AN			ERE AUTOPSY FINDINGS
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								1.0.1.5	1		DEATH?
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Ž I	25. WAS CASE REFERRED TO MEDICAL				26. F	LACE OF DEATH (Check on	ly one)			
Sic	EXAMINER?	HOSPITAL:	/Outputient 3 🗆 f)		HER:	ne 5 🗆 Residenc		,			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJI		b. TIME OF		JURY AT	-	DESCRIBE NOW I	NJURY OC	CUREO	
9	1 Netural 5 Pending	(Month, Day, Y	bar)	INJURY	W	YES 2 NO				JOILED	
T Accident investigation						and Number	or Burni Bout	n Number			
回	4 Homicide a Could not be determined	building, atc.	(Specify)					City or Town, State)		or reservous	e (quinous,
<u>"</u>	290. CERTIFIER 1 CERTIFYING PNYSH	CIAN: To the best of my	knowledge death o	noused at	the time dat						
COMPLETED	(Check only one) 2 MEDICAL EXAMINE										nd manner ee steted.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE N	UMBER		29d. DAT	E SIGNED (M	onth, Day, Year)
	Devanter M.	D. Sur	ical R	esiz	ent.				▶ c	18-1	2-92
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE O	F DEATN (ITEM 27)	(Type, Prin	()	-				-	
			M.D.	De	+5]	Surger	5,	ST AGI	U हा	1031	0.750
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2, 3 should permit. burlal-transit BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by the hospital or attending physician. use ò detached n by the funeral director, page 5 should be removal. filled in by this certificate has been signed by the attending physician and completely fille with the State Dept. of Health and Mental Hyglene prior to burial, cremation, requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, any Injury, DR ATTENDING PHYSICIAN: The law

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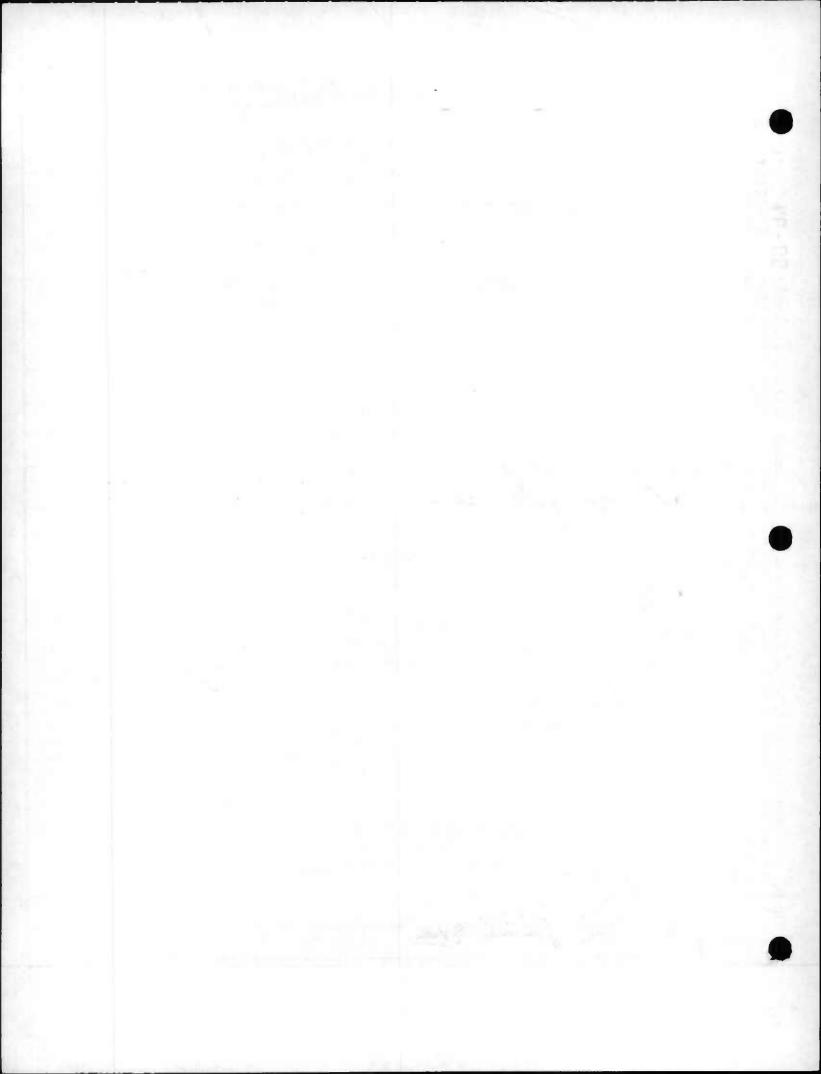
DIRECTOR: After the hours after death v

FUNERAL I within 72 h THE HOSPITAL

TO THE FUNERA
be filed within 7
IMPORTANT: 1

2. DATE OF DEATH 3. TIME OF DEATH YEAR KIMBERLY JUDITH GARDNER AUGUST 16,1992 5:01 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 V F 215 92 6387 24 YRS 2/6/1968 Maryland 9a. FACILITY NAME (If not institution, give etreet and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY 10a. STATE 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Pasadena 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7672 Pine Haven Drive 21122 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Mexicen, Puerto Rican, atc.)
1 ☐ YES 2 ☑ NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) None 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Meiden Sumame) Franklin D. Gardner Joan Frances Wasilewski BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joan Gardner 7672 Pine Haven Drive Pasadena, Maryland 21122 20s. METHOD OF DISPOSITION
1 💢 Burlal 2 🗆 Cremetion 3 🗀 Removal from State
4 🗆 Donation 6 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Holy Rosary Cemetery 8/19 Baltimore, Maryland 21. BIGMATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 23. PART I. Enter the diseases. complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate List only one ceuee on each line. shock, or heart fell interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) LAZTIC DUE TO (OR AS A CONSEQUENCE OF): BIVENTRICULAR CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): HYPERTENSIO DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated eventa resulting in death) LAST 575 Rm-ERYTHEMANSIS LUPUS 7 5,000) PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS VASULLIAN PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ES 2 NO MICROGNATIONA 1 TYES 2 NO PHYSICIAN: HADIBITI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) OTHER: 1 | YES 2 | NO 1 El Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Nomicide 29e. CERTIFIER

(Chack and Chack and Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 器 16/92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JASON TOR THIN Julia apolitica sallondo 15



3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

7:00

AM

Pages 1, 2, 3 should

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FOR STATE REGISTRAR	ST/	TE OF MAR	YLAND / DI CER	PARTI	MENT CATE	DF H	IEALTH DEAT	AND I	MENTAL HYG	
1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE OF GEAT	ГН
Rose C. G	riffin								Монти	16
4. SOCIAL SECURITY NUM	BER 5. SE	6. A	GE (In yrs. last birt	hday) I	F UNDER	I YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTS	N
231-26-9	984 10	M 2 K F	75	RS.	ONTHS	DAYS	HOURS	MIN.	(Month, Day, Yo. 03 1	2
9a. FACILITY NAME (If not is	nstitution, give street and	number)		9	b. CITY,	TOWN C	R LOCATI	ON OF DE	EATN	
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RESIDENCE OF DE	CEDENT									
10a, STATE	10b. COUNTY		10	c. CITY, 1	TOWN O	R LOCAT	ION			
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10e. STREET AND NUMBER						101	. ZIP CODE	E		
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DUE TO (OR AS A CONSEQUENCE OF):

15. DECEDENT'S EDUCATION

(Specify only hig

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Benjamin Benjiman F. Griffin

20e METHOD OF DISPOSITION
1 G Burlai 2 Crementon 3 Removal from State
4 Donation 5 Other (Specify)
21. SIGNATURE OF PUNERAL SERVICE LICENSPE

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19a. INFORMANT'S NAME

IMMEDIATE CAUSE (Finel

disease or condition resulting in death)

Sequentially list conditions,

if any, leading to immediate

cause. Enter UNDERLYING CAUSE (Disease or Injury

that initiated eventa resulting in desth) LAST

17. FATHER'S NAME (First, Middle, Last)

(Month, 12 North Carolina F DEATN 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 📉 YES 2 🗌 NO 10g. CITIZEN OF WHAT COUNTRY? 23 USA SPANIC ORIGIN? (Specify Yea or No-ixican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: Specify: white 16b. KIND OF BUSINESS/INDUSTRY Own Home 18. MOTHER'S NAME (First, Middle, Maiden Surname) Caddie (unobtainable) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 321 S. Fagley St., Balto., 21224 8720 20c LOCATION - City or Town, State Elizabeth City, North Carolina 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Homes 5695 Main St., Elkridge, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Onset and Death PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 5 Pending 1 YES 2 NO 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town: State) 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 8 Could not be determined 4 Homicide

16a. DECEDENT'S USUAL OCCUPATION

(Give kind of work done life. Do NOT use retired.)

Housewife

20b. PLACE AND DATE OF DISPOSITION (Name of

Ischemic

Highland Park Cemetery

29s. CERTIFIER (Check only one) A MEDICAL SYMMETER OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DESTRICT OF THE DEST

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Woevered NA	MYCICIAN	D-40521	D 8/18/92
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DLOCHAPEY	20000	O WILKENS A	EHUE, SUITE 301

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232 REGISTRAR'S SIGNATURE

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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

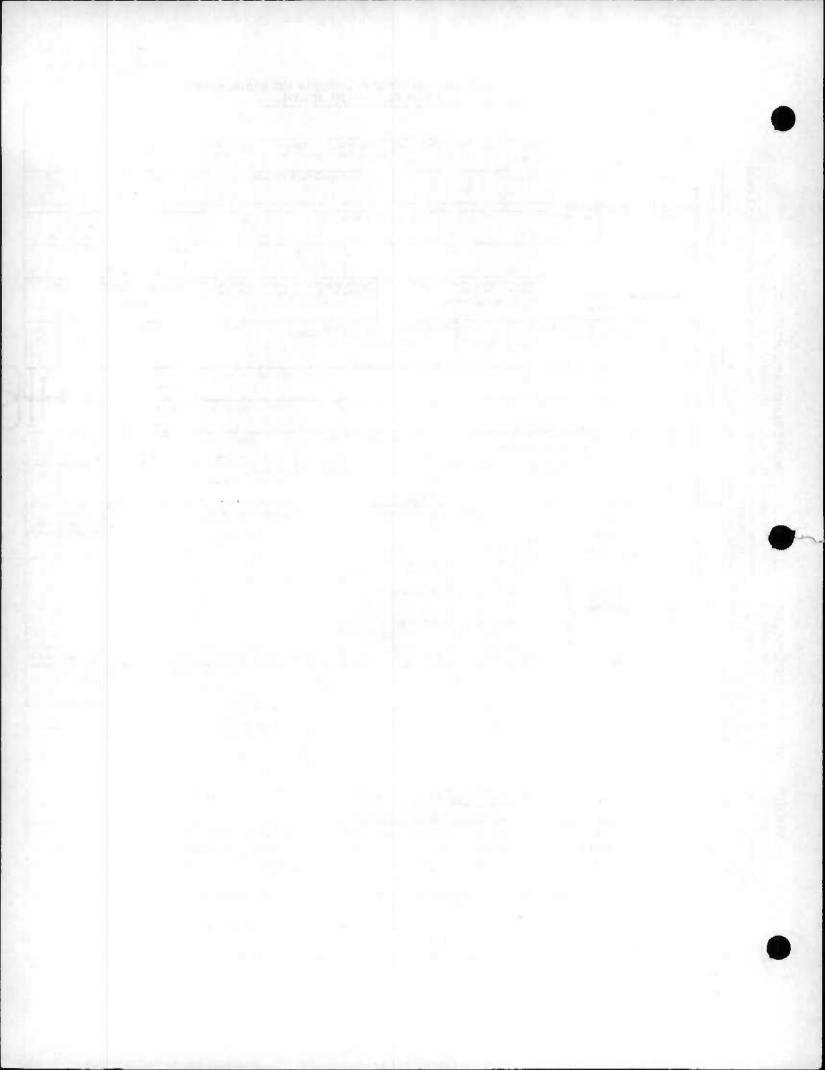
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(Specify) YINO PHYSICIAN: To the best of my knowledge, death occurred at the LEXAMINER: On the best of examination and/or investigation, in m	MEDICAL HOSPITAL: Inpatient 2 ER/Outpatient 3 DOA 4 Nursing No 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1	MEDICAL HOSPITAL: Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input and Input	d	d. 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MAYER GORBATY, M.D./795 AQUAHART ROAD, SUITE 203/GLEN BURNIE, MARYLAND 21061

32 BEGISTRAR'S SIGNATURE



31. DATE FILED (Month, Day, Year) AUG 18 1992



0, BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1. 2, 3 should the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.	s, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DEFENSE IN OR ATTENDING PHYSICIAN: The law requires that the death certific	o The HINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal minimal hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If Item 28 is marked, or item 23 shows any injury, or other

1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENI REG. NO.	5 6.	66100	
1. DECEDENT'S NAME (First, Middle, L. MO 4. SOCIAL SECURITY NUMBER	SES (HARG		2. DATE OF DEATH MONTH DA	- 9 T	3. TIME OF DEATH P	
237 - 03 - 6349 9a. FACILITY NAME (If not institution, given the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	1 M 2 F	81 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. WITHS DAYS HOUNS MIN. CITY, TOWN OR LOCATION OF		9c. COUNTY OF	ITHPLACÉ (State or Foreign inity) N.C. DEATH	
RESIDENCE OF D.C. DENT 100. STATE 100. COL	ALC: Name of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the latest designation of the l	10c. CITY, TO	DWN OR LOCATION timore			16d. INSIDE CITY LIMITS? 1 X YES 2 NO	
1934 Riggs	Avenue		101. ZIP CODE 21217		10g. CITIZEN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Rever Married 2 Married 3 D Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISP, If yea, specify Cuben, Maxi- 1 TYES 2 NO Specific	can, Puarto Rican, etc.)			
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		ille. Do NOT use re	done during most of working tired.)	16b. KIND OF BUS			
17. FATHER'S NAME (First, Middle, Last)	Hargrave		Mary	Clodf	elter		
19a. INFORMANT'S NAME (Type/Print) Mary Nicho		19b. MAILING AD 3 1 1	DRESS (Street and Number or Rura O Elbert St				
20a METHOD OF DISPOSITION 10 Burial 2 Cremation 3 F 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	1	metary, cromatory or other King Me M Je	M Park 22. NAME AND ADDRESS OF F March	8-19	Home	llstown	
23. PART Enter the diseases, shock, pr heart fellu immediate CAUSE (Finei disease or condition resulting in death)	s. CVA-	d the deeth. Do not each line. A CONSEQUENCE OF):			atory srrest,	Approximats interval Between Onset and Deatt	
Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	5	A CONSEQUENCE OF):	s An	NEST	V 2 (7 - + + 10mm)		
PART II. Other significant condi		but not resulting in t	ne underlying cause given i	n Part I. 24a. WAS AN / PERFORI	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C				
27. MANNER OF DEATH 1 Astural 5 Pending 2 Accident Investigati	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. DESCRIBE HOW IN	JURY OCCURED		
3 Suicide 8 Could not 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, stree	t, factory, office	281, LOCATION (Street as City or Town, State)	and Number or Rurel Route Number,		
	at er	on and/or investigation, in	a my opinion, death occured at the	umber			
31. ATE FILED (Mogn), Day, Year) AUG 18 1992	July Davidson-A	VATURE CANDELL	BON SE	-cours	17851	- peat	

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BALTIMORE, MARYLAND 21215-002	be executed within 24 hours after death. Page 6 may be retained by the hospital or attending place
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	24 hour
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

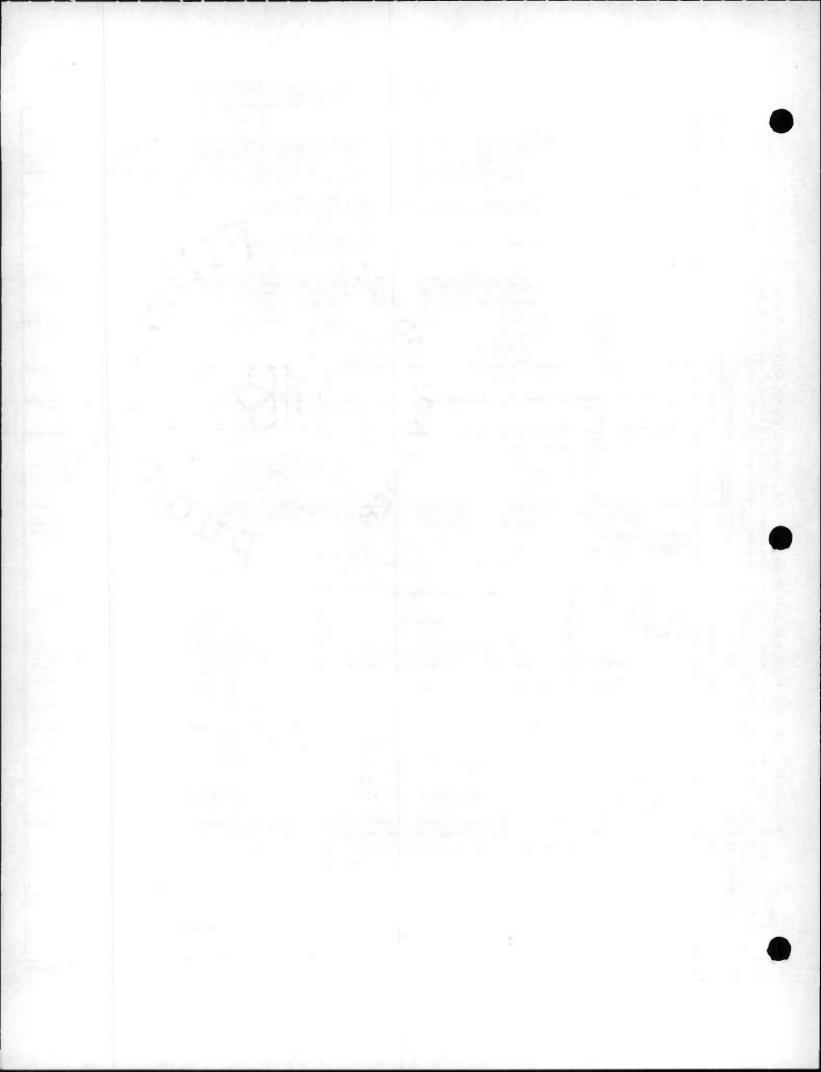
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attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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er deam. Page 6 may be	the funeral director, page (wal.	id, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ecuted within 24 hours an	nd completely filled in by a burial, cremation, or remo	rtic event, the medica
the death certificate be to	the attending physician a Mental Hygiene prior to	njury, or other trauma
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E HUSPITAL OR ALIENDING PHYSICIA	E FUNERAL DIRECTOR: After this certil within 72 hours after death with the	RTANT: 11 Item 28 is merked, or
E HUSPITAL	IE FUNERAL	PRTANT: 11

1 - FOR STATE REGISTRAR

STATE OF N	MARYLAND / DEPARTMENT				MENTAL	HYGIENE
	CERTIFICATE	OF	DEAT	Ή		REG. NO.

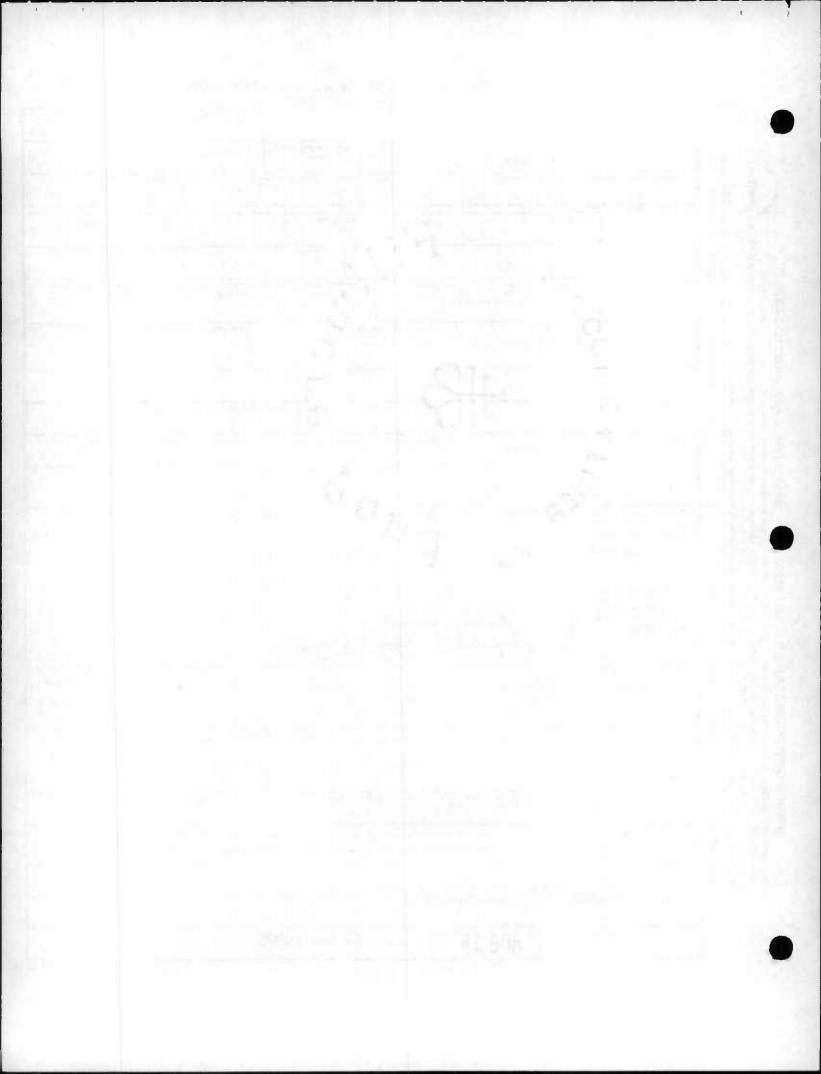
	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF			-	3. TIME OF DEATH
ľ	Harry L. 1	Hudson								Aug.	11,	1992	YEAR	6:50 A M
	4. SOCIAL SECURITY NUMBER 222-05-793		5. SEX	6. AGE (1	n yrs. lest birthday) YRS.	IF UNDE	DAYS	IF UNDE	R 24 HRS.	7. DATE OF I	BIRTH ny, Year)	22	Countr	PLACE (State or Foreign Y) Laware
	9e. FACILITY NAME (# not in 2108 Pelhan			% CITY, TOWN OR LOCATION OF D								INTY OF DEATH		
1	RESIDENCE OF DEC								_					
	Maryland	10b. COUNT		-	10c. CF	TY, TOWN		imor	e					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER						10	of. ZIP COL	DE			10g. CIT	IZEN OF V	VHAT COUNTRY?
	2108 Pelhar	n Ave.							212	18		11	. s.	Δ
	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE	YES	2 NO	13.	If yes, s	CENDENT pecify Cub S 2XXNC	en, Mexico	NIC ORIGIN? (S in, Puerte Rice y:	ipecify Yes n, etc.)		14, RACE	- American Indian, c, White, etc.
	15, DEC (Specify onl	EDENT'S EDU	CATION completed)		18a. OECEDENT'S	work done	dudna a	ION	ina	16b. KII	OF BUS	BINESS/IN	DUSTRY	WILLE
	Elementary/Secondary (C		College (1-4 or 5 NA	+)	life. Do NOT (use retired.)		tera						
	17. FATHER'S NAME (First, M. Louis Huds		16					18. MO		ME (First, Midd nknown	le, Maiden	Surname)	-3	
	19a. INFORMANT'S NAME (-	_	19b. MAJUN	G ADDRES	S (Street	and Numbe	_	Route Number, (City or Town	n State 7	in Cordal	
	B. Diane Mi				2108	Pel	ham	Ave.		ltimor	e, M	d. 2	1218	
	20a. METHOD OF DISPOSIT 1	on 3 🗆 Rem	oval from State	20b. Ga	PLACE AND DATE	of Dispo	st C	eme of	ery				City or To	wn, Stata
į	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE					ND ADDRI		CILITY				
	All	La								eral Ho		nore.	Md.	21213
	Sequentially list condit if any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	lons, dlata ING iry	c	(OR AS A	CONSEQUENCE C	DF):								
1	PART II. Other eignifica					In the u	nderlylr	ng cause	given in	Part I. 24	. WAS AN		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	(0 ng	165 Tiv	· Hen	rt r	-9. 19.1					1(YES 2	No		COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO	O MEOICAL	HOSPITAL:			OTHE		LACE OF	DEATH (Ch	eck only one)				
	1 PES 2 NO		t 🗆 Inpatient 2	ER/Outpo	otient 3 DOA			no 5 X R	leeldence	8 Other (Sp	ecify)			
		Pending Investigation	28s. OATE OF (Month, E		28b. TII	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCRI	BE HOW I	NJURY OC	CURED	
	3 Guicide 6	Could not be determined	28e. PLACE C building	etc. (Speci	— At home, ferm,	street, fac	tory, offi	ce		261. LOCATIO City or To	N (Street e own, State)	and Numbe	r or Rural F	loute Number,
			CIAN: To the best of) and manner as stated,
	295. SIGNATURE AND PITE	-	2	hRd	169			_	ENSE NUI					(Month, Day, Year)
I	30. NAME AND ADDRESS OF	9						N 1	07.07	2			/ /	
1	Dr. Passen, 31. DATE FILED (Month, Day. AUG 1	Mart			Iva, Bal		ore,	Md.	2124	13		_		
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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LUCY	HAMLE	TTE						2, DATE MONT	OF DEATH	DAY 14	YE	3. TI	ME OF DEATH
I. SOCIAL RECURITY NUMBER	5. SEX	6. AGE (In yrs. I	V	IF UNDES	R t YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH			HRTHPLAC Jountry)	E (State or Foreign
	1 🗆 M 2 💢 F	89	YRS.	MONTHS	UATS	HOURS	merre.	3/	28/	903	V	A	
De. FACILITY NAME (If not institution, gi	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.			1000		OR LOCATI	ON OF DI	EATH		9c. COL	UNTY C	OF DEATH	
Mercy Hospit				Ba	ltin	nore							
10a. STATE 10b. COU			t0c, CIT	ry, TOWN	OR LOCAT	TION					_	10.4	INSIDE CITY
MD				alt									LIMITS?
IOe. STREET AND NUMBER						. ZIP COD	E			100 CI	TIZEN (OF WHAT	
1931 Aisquith	St.					2121	8				S.		0001111111
11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. /	ARMED	13.				HC OBIGII	N? (Specify Ye		_		madean Indian
Never Married 2 Married Wildowed 4 Divorced	FORCES?	YES 2 X		177	If yes, sp	ecity Cubs	n, Mexica	n, Puerto	Rican, etc.)	78 OF 110—		Black, White Specify: ack	mericen Indien, ie, atc.
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5		DECEOENT'S (Give kind of life. Do NOT u	work done	during mo	ON ost of workli	ng	161	, KIND OF BU	JSINESS/IN			
77. FATHER'S NAME (First, Middle, Last) John Royale						18. MOT	HER'S NA	ME (First,	Middle, Meider	n Surname)			
9a. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	G ADDRES	S (Street e	nd Number	or Rural	Route Num	ber, City or Tox	wn State Zi	in Code	(a)	
Barbara Lloyd			1931										21218
10a. METHOD OF DISPOSITION			E AND DATE				11 5	_		DCATION -	_		
Burial 2 Cremation 3 R	emoval from State		t 1 M O Y				,	1		ltin	-		
H. SIGNATURE OF FUNERAL SERVICE	LICENSEE ,	/					SS OF FA	CRITY	100	1011	1101	٠,	ITIO
				22.	NAME A	ID ADDRE							
D-#	5/2	L-											
23. PART I. Enter the diseases, of ahock, or heart feliur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. My	o-card	ial-	hot enter	the mo	. MA	RCH	F.	H . / 11	01 E	rreat,	NOR	Approximate Interval Bety
immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. My out To	use on eech Ilr	ECOUENCE O	hot enter	the mo	. MA	RCH	F.	H . / 11	O1 E	rreat,	NOR	Approximata Interval Betw
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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 elied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

92 22791 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle 2. DATE OF DEATH 3. TIME OF DEATH TEAR TO MONTH 17 Am JAMES FLETCHER HILL 4 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in ure last hirthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS B. BIRTHPLACE (State or Foreign Country) 21714.93 1 M 2 - F DAYS HOURS 69 91 28 22 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St Joseph Hospital 7620 York Rd TOWSON DIRECTOR Back. HD 10e STATE 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY Maryland Baltimore White Marsh 1 YES 2X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5414 Forge Rd. 21162 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced WWII White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY lery (0-12) College (1-4 or 5+) 6 Elevator Mechanic General Elevator 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Monroe Robert Hill BE <u>Beatrice Gibson</u> 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Monroe Hill 8013 Outing Ave. Pasadena. MD 21122 20r METHOD OF DISPOSITION
1 12 Burlal 2 Cramilton 3 Re
4 Donation 6 1 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE etery, crematory or other place) More Land Memorial Park Parkville. MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT C. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd. Baltimore. 21214 23. PART A. Enter the diseased or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, AS & CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 HAND OF DEATHS W100 1 TYES 2 THO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 HO lent 2 - ER/Outpatient 3 - DOA g Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investige 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. BE 29c. LICENSE NUMBER

> TO SOMPLETED CAUSE OF BEATH (ITEM 27) (Type, Print) FUNANDEZ

32 DEGISTRAR'S SIGNATURE

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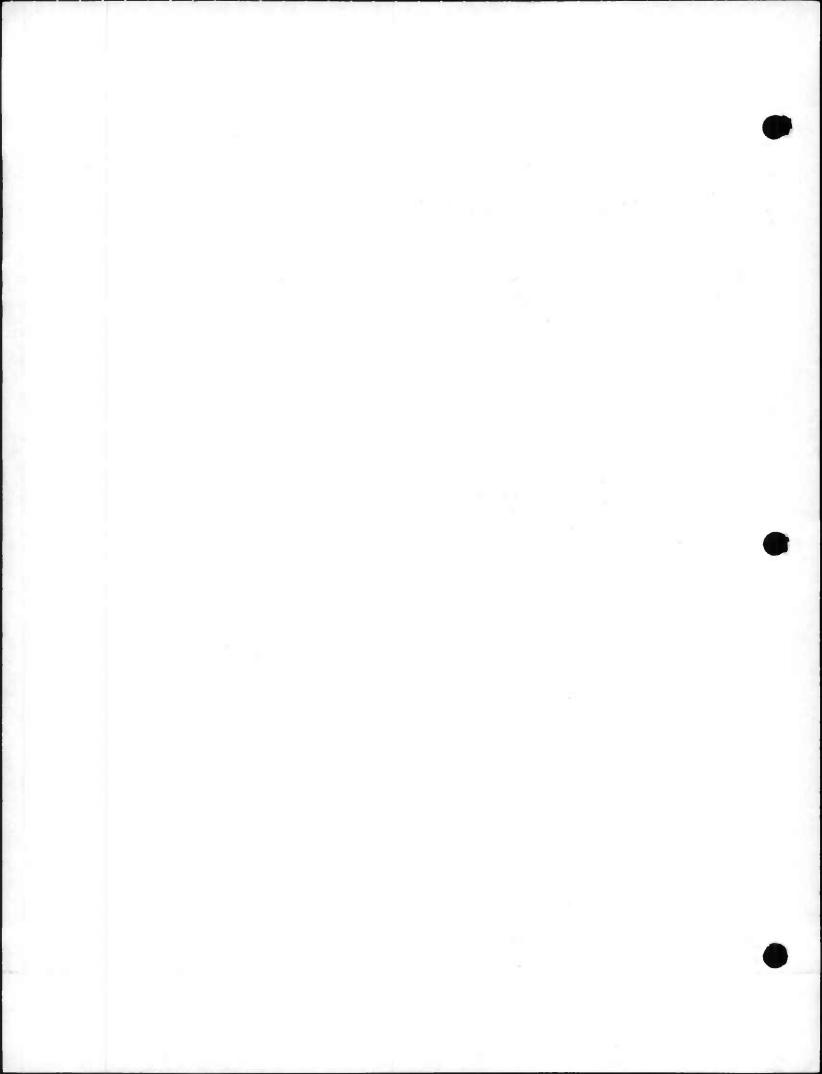


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31. DATE FILED (Month, Day, Year) 18

1992



Pages 1, 2, 3 should

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een signed by the attending physician and completely filled in by the funeral director, page 5 should be of Heatth and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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ATHER TOTAL DIRECTOR: After this certificate has been the many of hours after death with the State Dept. of its

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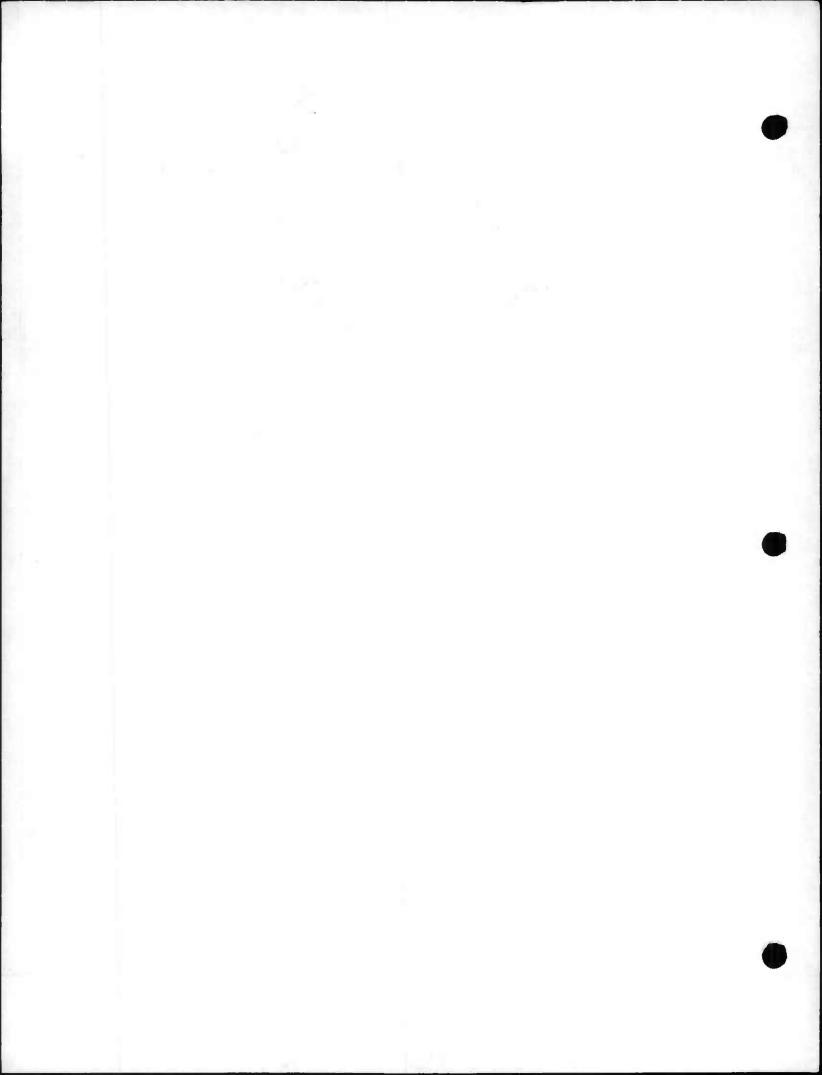
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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY AUG. 16,1992 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Troy Jess Holly 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR B. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. (Month, Day, Year) Jan. 31, 1935 413-52-4706 % M 2 □ F 57 YRS Tennessee 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 811 Platanium Ave. Essex BAltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BAltimore Md. Essex 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 811 Platanium Ave. 21221 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marri 1 YES 2 NO Specify. BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 8th College (1-4 or 5+) Iron Worker at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Eugene M. Holly Mae C. Farmer notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Toni Holly 811 Platanium Ave. BaltimoreMd. 21221 3 20a. METHOD OF DISPOSITION
1 □ Burlai 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must 1 Surial 2 Cremation 3 4 Donation 5 Other (Specify) metery cremetory or other place) HollyHillCemetery 8/20/92 BAltimore Md. the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome300MAceAve.21221 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heaft allure. List only one ceuse on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) Meta Natur traumatic event, OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 | YES 2 | AC 1 TES 2 - NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA ce 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28h, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Netural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 28 4 Homicide item CERTIFIER (Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. MPDATANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner se stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE n 8 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 560 21489 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

ina Davidson-Randale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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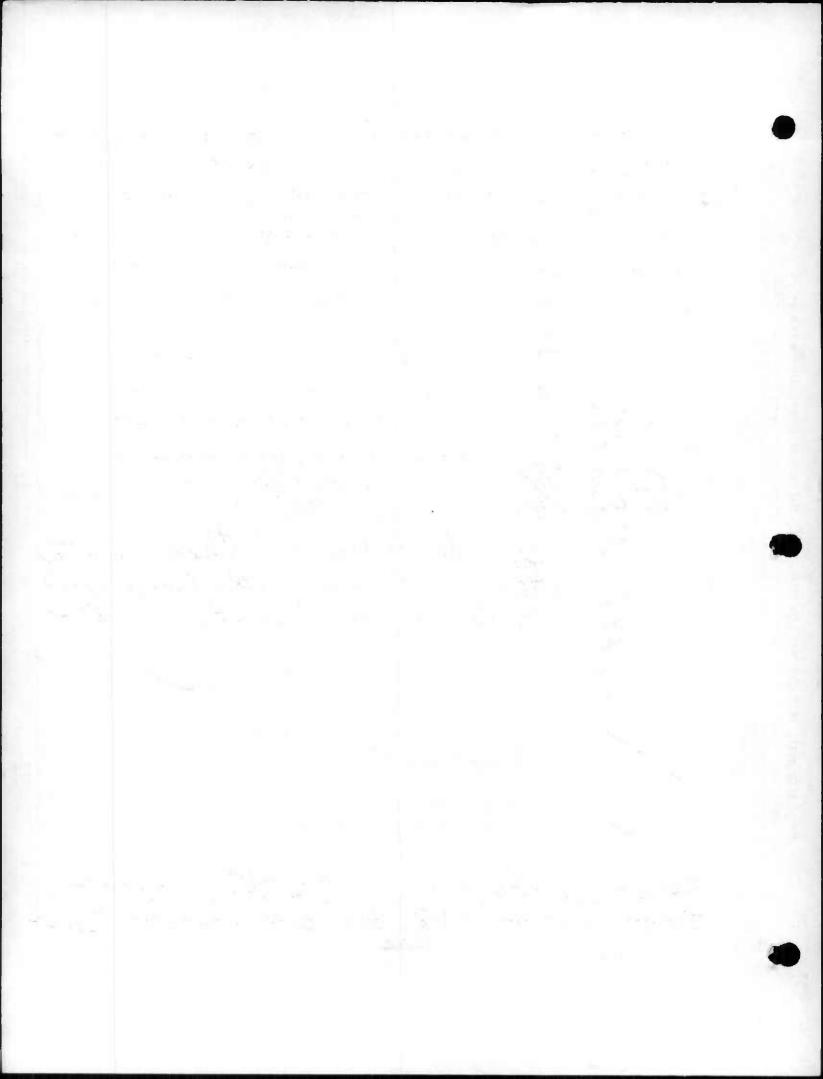
BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 is

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last)	- 41 -		/		2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH		
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_	9a. FACILITY NAME (If not institution, give street of				N OR LOCATION OF DE	HTA	9c. COUNTY OF			
5	Maryland Manor N	ursing Cent	er	GI	en Burnie		Anne	Arundel		
EG	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY		
HO	Maryland Anne	Arundel			Glen Bu	rnie		1 YES 2 X NO		
AL	10e. STREET AND NUMBER				101. ZIP CODE			WHAT COUNTRY?		
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2	11. MARITAL STATUS 12. 1 Never Married 2 Married	WAS DECEDENT EVER IN U FORCES? 1 YES		13. WAS D	ECENDENT OF HISPAN specify Cuban, Mexica	IIC ORIGIN? (Specify Yea n. Puarto Rican, atc.)	or No— 14. BA	CE — American Indian, ick, White, etc.		
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT	ESA		ES 2 XNO Specify		Spi	white		
	15. DECEDENT'S EDUCATION	DN .	8e. DECEDENT'S	USUAL OCCUPA	TION	18b. KIND OF BUS	I BINESS/INDUSTRY			
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PL			Hor	nemaker		Do	omestic			
SON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BE (John		Reger		Lena		Gi	.rsh		
0	19a. INFORMANT'S NAME (Type/Print)				et and Number or Rural Rd., Lint	Route Number, City or Town	n, State, Zip Code) 21090-	1606		
	Joseph Reger									
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Removal	from State	other place)		al Cem. 8		CATION — City or ltimore,			
	4 Donation 8 Other (Specify)		remore		AND ADDRESS OF FA		remore,	· PIL)		
	· 41414	///				eral Home				
	23. PART I. Entay the dissess, or com	Gresna				in Rd., Pas		MD 21122 Approximata		
CERTIFICATION	ahock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease Dr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL CI	PART II. Other significant conditions of	ontributing to death bu	t not resulting	In the underly	ring cause given in	Part I. 24a. WAS AN PERFOR	AMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
1										
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Ch	eck only one)				
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PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIA	ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED			
BY	1 Natural 8 Pending 2 Accident Investigation				YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif	- At home, farm,	atreet, factory, o	ffice	28f. LOCATION (Street City or Town, State)		al Route Number,		
E	29e, CERTIFIER									
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN ONE) 2 MEDICAL EXAMINER: 0	Y: To the best of my knowle								
8		THE DESIGN OF EXEMINATION	and or investigate	on, in my opinio	1 - 1 - 1 - 1 - 1 - 1					
BE	29b. SIGNATURE AND TITLE OF CERTIFIED	- Ale	10		29c. LICENSE NUI	n 67	29d. DATE SIGN	EO (Mohith, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Typ)	n, Print)	1 Hay		3	/		
	Jerry 1) - Shai	roch 8	418	134	A BIV	H. Pan	saden	a Midina		
	31. DATE FILED Worth, Day, Year)	32. REGISTRAR'S SIGNA	Son-Range					(~) / /		
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THE DESTILE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO BE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 11 the Name of the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT If fem 28 is marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
IDSPITAL OR ATTENDING PHYSICIAN: The law req	WERAL DIRECTOR: After this certificate has been with 72 hours after death with the State Dept. of	ANT: If Item 28 is marked, or Item 23 sho
C THATE		IMPORT

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30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

A MEDITAL SIGNATURE

John C: Arrabal

31. PAUG (178° 1992

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Leet) 2. DATE OF DEATH MONTH Aug. 16 3. TIME OF DEATN 16.1 Elizabeth H. Jones 992 6:00A H 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 3/24/17 MONTHS DAYS 1 🗆 M 2 🔀 F HOURS MIN. Md. YRS. 213 12 5488 8a. FACILITY NAME (If not inetitution, give street and number) At the home 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR of Isabelle H.Stewart F.D. Chestertown Kent 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Balto. Turners Station 1 YES 2 NO 101. ZIP CODE 21222 10g. CITIZEN OF WHAT COUNTRY? USA 10e. STREET AND NUMBER 208 Sollers Pt. Rd. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 NO 11. MARITAL STATUS 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 □ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES BY Specify: Black 3 ₩ Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired. Elementary/Secondary (0-12) College (1-4 or 5 +) Domestic 17. FATHER'S NAME (First, Middle, Last)
Oliver J. Briscoe 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Elsie Hamilton BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
9075 Fairlee Rd. Chestertown, Md. Olver Briscoe 21620 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 20s. METHOD OF DISPOSITION

| Mathematical Communication | State | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Dep King Memorial Pk. 8/21 Balto, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
James A. Morton & Sons 23. PARTY Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 1701 Laurens St. Balto., Md.21217 Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Cardia pulluarany DUE TO (OR AS A CONSEQUENCE OF): Branchagerene CA MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING TO Brice Agual CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated aventa resulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Hesidence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Nomicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placs, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 123889 8/17/92

Jr.M.D.Mid-Town Mall Chestertown, Maryland 21620

YEAR

3. TIME OF DEATH

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BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

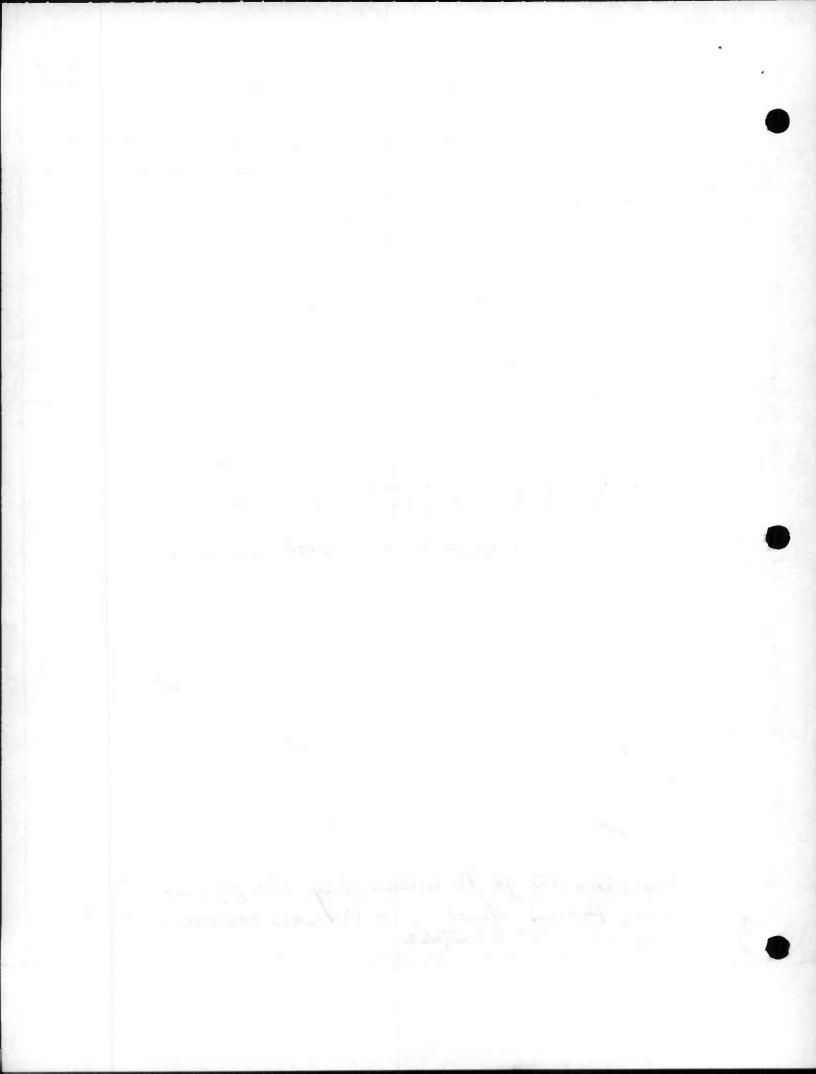
1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH DAY 4. SOCIAL SECURITY NUMBER PM JONES 8. AGE (In vrs. last 8 4:00 92 5. SEX 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) MONTHS DAYS 1 - M 2 TX F HOURS 219-32-6793 10-10-27 carolina North Pages 1, 2, 3 should 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 134 N. Monastary Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md Baltimore permit. 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 134 N. Monastary 21229 **IISA** within 24 hours after death. Page 6 may be retained by the hospital or attending physician, 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
It yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 Y NO 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried Specify: BY 3 X Widowed 4 Divorced use as the Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life, Do NOT use retired.) be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at George Kearney Mattie Closs funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) John Kearney 7509 Marston Rd Balto., Md 21207 2 20s. METHOD OF DISPOSITION
1 □ Surial 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must cemetery, crei matory or other piece) 8/19/92 Arbutus, Md Cemetery medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leroy O. Dyett & Son Funeral Hm, Inc. 4600 Liberty Hghts Ave. Balto. Md 21207 ysician and completely filled in by the prior to burial, cremation, or removal. 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death the disesse or condition Right ancer resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) executed CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that tritisted events DUE TO (OR AS A CONSEQUENCE OF): the attending physician I Mental Hygiene prior to 8 certificate Injury, or other **OUE TO (OR AS A CONSEQUENCE OF):** resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS een signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? shows any 1 YES 2 NO i certificate has been sin the State Dept. of Ho d, or item 23 show 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpatient 3 | DOA OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 27, MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this co 28 is marked, 1 Netural 5 Pending BY 1 YES 2 NO death After 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be DIRECTOR: / 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29a. CERTIFIER

(Chack note of Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the ceuse(s) end menner as stated. 294 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) in Mis 8 92 DR. William 2 30. NAME AND ADDRESS OF BERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) ERRY JALT 132 REGISTRAR'S SIGNAPHAE 1992

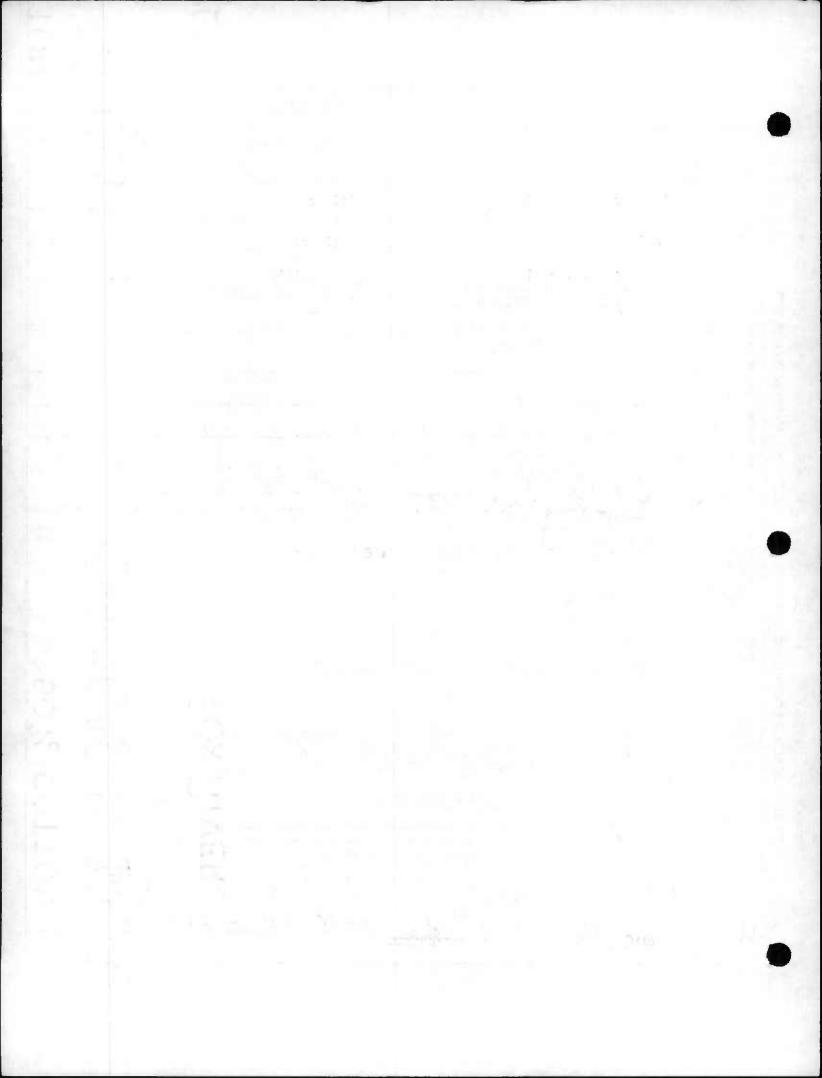
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH





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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	1. DECEDENT'S NAME (F)								2. DATE O	DA		YEAR	. TIME OF DEATH
- 1	4. SOCIAL SECURITY NU		5. SEX	8. AGE (In yrs. lest birt	I	IF UNDER 1 YEAR	IF UNDER		7. DATE O	16	_	92	1:00 A ACE (State or Foreign
	248-22-9		1 M 2 F			MONTHS DAYS		MIN.	(Month,	Day, Year)	- 1	Country)	
	9a. FACILITY NAME (# no		21	/0		9b. CITY, TOWN	LOB LOCATI	ON OF DEA		3-22	00 001111	S. C	CAROLINA
œ	2107 Parl							ON OF DEA	un		SE. COUNT	IT OF DEA	in .
5	RESIDENCE OF D		πIA			Dait	imore		-				
DIRECTOR	10a. STATE	10b. COUN	ry	10	C. CITY,	TOWN OR LOC	ATION					10	Od. INSIDE CITY
ā	Maryland					Bal	timor	е				1	YES 2 NO
¥ I	10e. STREET AND NUMBE						lef. ZIP COD	E			10g. CITIZ	EN OF WH	AT COUNTRY?
FUNERAL	2107 Park	< Ave.						1217				.S.A.	
à l	1 Never Married 2 3 Widowed 4 1 0		FORCES?	NT EVER IN U.S. ARMED I YES 2 NO MAR OR DATES		If yes,	ECENDENT (specify Cubi ES 2 () NO	an, Mexican,	Puerto Ri	(Specify Yea can, etc.)	or No-	14. RACE — Black, \ Specify:	- American Indian, White, etc. Black
COMPLETED		eccepent's epi only highest grad y (0-12)		(Give k		ISUAL OCCUPA ork done during : retired.)		ing	16b. I	KIND OF BUS	BINESS/INDU	JSTRY	
8	17. FATHER'S NAME (First						18, MOT	HER'S NAM	IE (First, Mi	iddle, Maiden	Sumame)		
BE	ALBERT		ERSON							McG			
<u>و</u>	19a. INFORMANT'S NAME					ADDRESS (Street							
	BERTHA M		FFERSON					#1					21217
	20a. METHOD OF DISPOS 1 X Burial 2 Cremi	etion 3 🗆 Rec	moval from State	of cemetary, cre	matony o	or other place)			DATE		CATION — C		
	4 Donation 5 Quarter of FUNE		ICENDEE &	- I GARRI	SON	FORE	AND ADDRE	ET. (CEM.	I OW	INGS	MII	LS. MD
	21. SIGNATURE OF FURE	AL SERVICE L	CENSEE	1	_					& SO	N FU	NERA	L HOME
	XA	mol	10.	SUDI	£1.								21207
CERTIFICATION	IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con if any, leading to imi cause. Enter UNDER CAUSE (Disease or I that intileted events	ditions, mediate	b. DUE TO	O OR AS A CONSEQUE	NCE OF):	Cance	r				£	Onset and De
F	resulting in death) L	AST	d										
MEDICAL CE	PART II. Other eignif	leant condition	ons contributing to	o death but not resu	ilting ir	n the underly	ing cause	given in F	Part I.	24s. WAS AN PERFOI 1 YES 2	PMED?	6	VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
ä													
PHYSICIAN	25. WAS CASE REFERRED EXAMINER?	D TO MEDICAL	HOSPITAL:			26. OTHER:	PLACE OF	DEATH (Che	ck only one)			
YS	1 TYES 2 M NO		1 - Inpatient 2	☐ ER/Outpatient 3 ☐	DOA	4 - Nursing H		lesidence (
ву РН	27, MANNER OF DEATH 1 Netural 6 2 Accident	Pending Investigation		F INJURY Dey, Year)	8b. TIME INJU	JRY	WORK? YES 2	□ NO	28d. DEŞ	CRIBE HOW	INJURY OCC	URED	
0	a D Butsta	Could not be determined	28e. PLACE	OF INJURY — At home, j, etc. (Specify)	ferm, et	treet, factory, o	ffice			ATION (Street or Town, State,		or Rural Ro	ute Number,
	29a. CERTIFIER		SICIAN: To the best of	of my knowledge, death									
OMPLET	(Check only		NER: On the basia of	examination and/or inve	atigation	, in my opinion	i, death occi	nien at the t	tille, date	and place, a	nd dua to the	e cause(a)	and manner as stated
TO BE COMPLETE	(Check only	TEDICAL EXAMI	er DWD	examination and/or inve	N	ow		ENSE NUM		9		SIGNED (



THE DESTIL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

30. NAME AND ADD

"AUG" I "8" 1992"

FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Leet)	STATE OF MAI	CE	ERTIFICAT	TE OF	DEATI		2. DATE OF D	G. NO.		1.,	TIME OF DEATH
VIOLA, KE	YS						MONTH	124	97	APR .	O12 A
4. SOCIAL SECURITY NUMBER 220 36 13 29	1 🗆 M 2 🗗 F	AGE (In yrs. lee	YRS. MONTH			MIN,		S, O	C	ountry)	CE (State or Foreign
90. FACILITY NAME (If not institution, give str UNIVERSITY H			9b. C		T I MOF		ГН	9c.	COUNTY	OF DEATH	
RESIDENCE OF DECEDENT 10a. STATE MD 10b. COUNTY			Bal		ION						. INSIDE CITY LIMITS? YES 2 X NO
10e. STREET AND NUMBER 102 TWIN WILL(OW COURT			101	ZIP CODE	117		10g	. CITIZEN (US A	COUNTRY?
3/C/Widowed 4 Divorced	12. WAS DECEDENT ET FORCES? 1 I IF YES, GIVE WAR	YES 2 N		If yes, spe	ENDENT OF ocify Cuben,	Mexican,	ORIGIN? (Sp Puerlo Rican,	ocify Yea or No	8	RACE — A Black, Wh Specify: BLA	American Indian, ite, etc.
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17. FATHER'S NAME (First, Middle, Last) WILLIAM	EDWARDS					R'S NAME	(First, Middle,	Maiden Surna	me)	EDW	VARDS
19a. INFORMANT'S NAME (Type/Print) CHARLES KEYS,	SR.	198	853 LE	ESS (Street a	AVE.	Aurai Aou	ALTI	y or Town, Stat	M D		212
20e. METHOD OF DISPOSITION 1X X Yourial 2 ☐ Cremation 3 ☐ Remo											
4 Donation 5 Other (Specify)			AND DATE OF DISP	AT L	MEM.	OF FACIL	8/20		EL	or Town, S	MD
23. PART I. Enter the diseases, pl ci shock, or hant failure. L	omplications that ce lat only one ceuse	eused tha de on each line	petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of pher place petity of	AT'L 22. NAME AN MARC 4300 ter the mod	MEM. DADDRESS H FUT WABA de of dying	OF FACIL NERA SH., such	18/20 L HO	LAUR ME, W	EST TIMO		MD .
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COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH KELLENBERGER DOROTHY H 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH April 19,1912 Maryland 216-70-2983 MONTHS DAYS 80 1 M 2 KF 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GLEN BURNIE NORTH ARUNDEL HOSPITAL ASSOCIATION RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION Maryland Anne Arundel Severna Park 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 115 Avondale Circle 21146 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) FORCES? 1 YES 2 1 Never Married 2 Married 1 YES 2 NO Specify: 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest College (1-4 or 5+) Elementary/Secondary (0-12) Homemaker 10 Own Home 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) Everett A. Hoxter Grace Lease 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gordon E. Kellenberger 115 Avondale Cir., Severna Park, MD 20a, METHOD OF DISPOSITION
1 © Burlel 2 Cremetion 3 Removel from State
4 Donation 5 Other (Sporty) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE cametery, crematory or other place)
Glen Haven Mem. Pk. 8/17/92 Glen Burnie, A.A., MD 21, SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY
Kirkley-Ruddick Funeral Home 421 Crain Hwy., S.E. Glen Burnie, MD 21061 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. CARDIO PULMONARY ARREST DE TO (OR AS A CONSEQUENCE OF): PRESIDENCE OF): PRESIDENCE OF): PRESIDENCE OF): IMMEDIATE CAUSE (Final disease or condition resulting in death)

Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated.

29b. SIGNATURE AND TITLE OF CERTIFIER A- newy wellen 29c. LICENSE NUMBER 129748

29d. DATE SIGNED (Month, Day, Year) 8/14/97

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print).

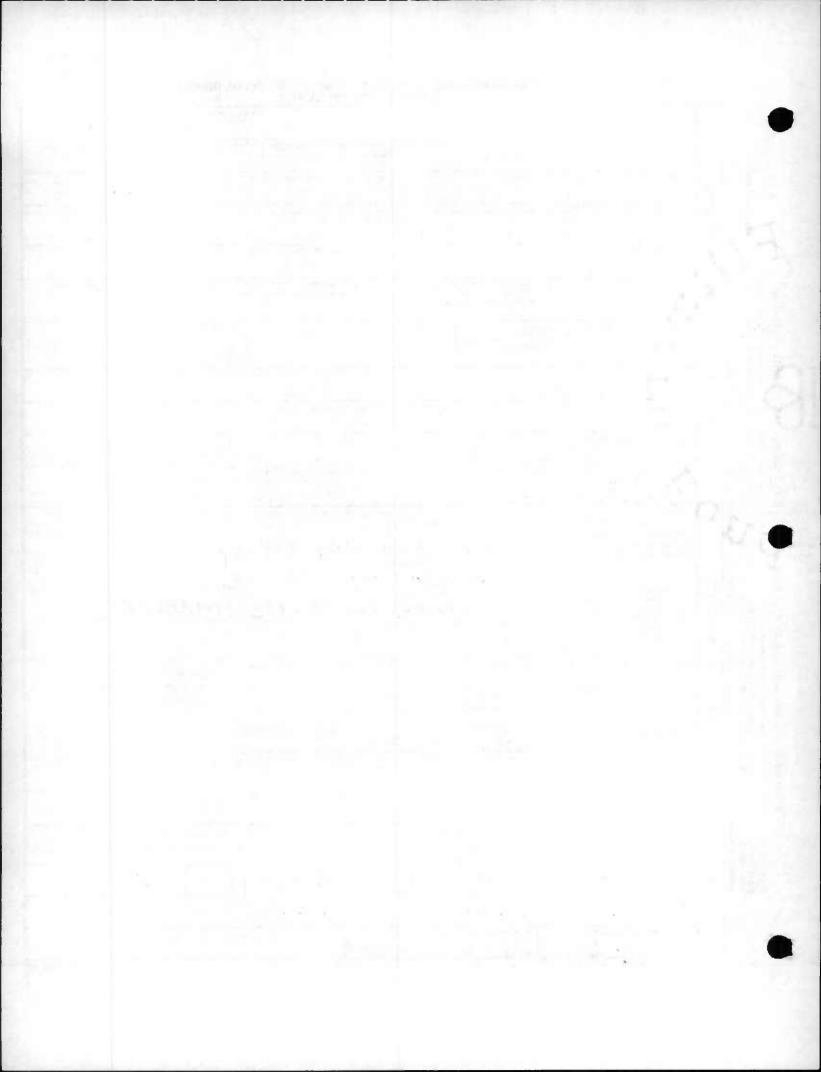
ALIF M. MANEJWALA, M.D./1307 CRAIN HIGHWAY, S.E./GLEN BURNIE, MARYLAND 21061

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE



DHMH-16 Rev 1/89



FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

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7. DATE OF BIRTH (Month, Day, Year 1 - M 2 - F DAYS HOURS 212-32-9266 YRS. 56 09-15-1935 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Franklin Square Hospital Baltimore RESIDENCE OF DECEDENT 10s. STATE 10c. CITY, TOWN OR LOCATION Maryland Baltimore County Baltimore permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE burial-transit 212 Sipple Avenue 21236 after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 🔯 Widowed 4 🔲 Divorced ysician and completely filled in by the funeral director, page 5 should be detached for use as the prior to burial, cremation, or removal. 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete College (1-4 or 5+) 12th Grade Accounts Payable 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Edward J. Wisniewski Katherine Herron BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 6 Judy A. Lyons 1040 Agate Drive, Edgewood, pe 20a. METHOD OF DISPOSITION
tC Burlat 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Gardens of Faith Cemetery 8/20 Baltimore, Maryland 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE John C. Miller, Inc. Jai 6415 Belair Road, Baltimore, Maryland 21206 medicai 23. PART I. Enter the diseases, or complications that ceused the death/Do not enter the mode of dying, such as cardiec or respiratory arrest, executed within 24 hours ock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition resulting in death) ASYSTOLO
DUE TO (OR AS A CONSEQUENCE OF): event, Breast Cancer traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate signed by the attending physician Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Metastatic Cancer or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL shows any 1 TES 2 NO has been s PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) this certificate h OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 0 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 X Natural 5 Pending Investigation 1 YES 2 NO L DIRECTOR: After the hours after death v BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 ls COMPLETED 8 Could not be 4 Homicide Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL C TO THE FUNERAL (De fied within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER BE Rla 2 James D'Orta, MD. 9000 franklin Square Dr. Baltimore 21237 32 REGISTRAR'S PIGNATURE

KEATON

6. AGE (In yrs. last birthday)

CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

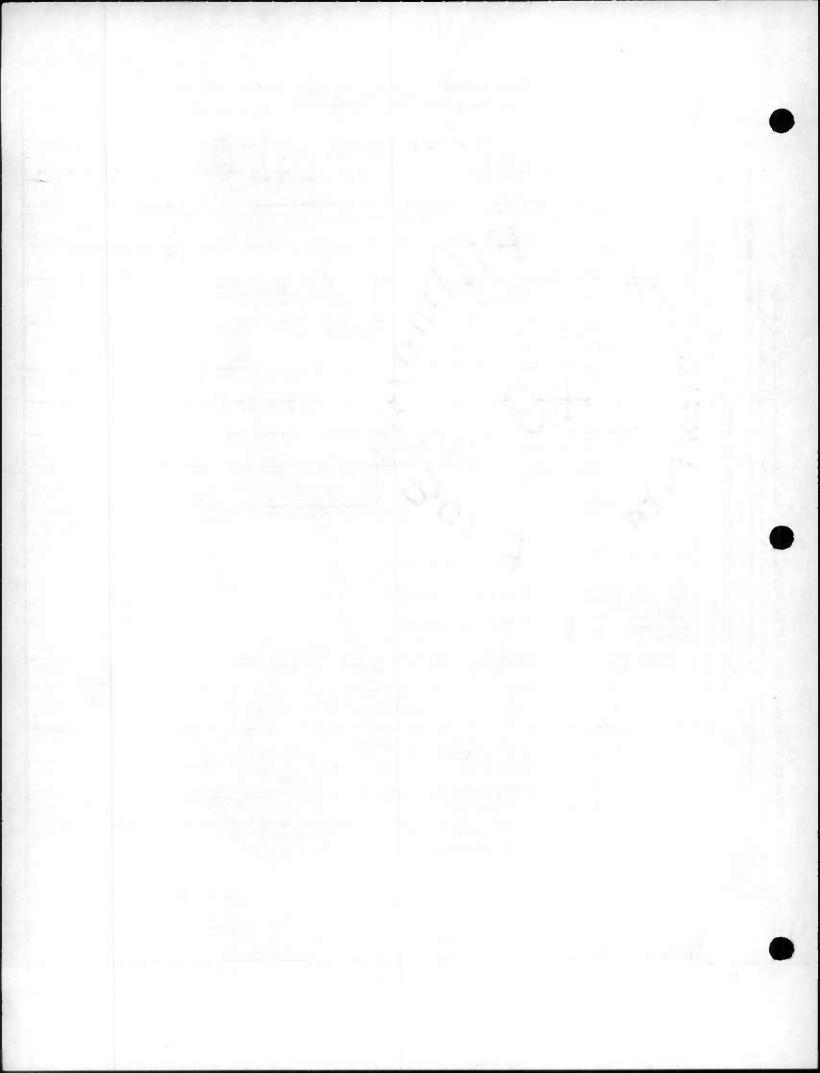
2. DATE OF DEATH

03

92 22799 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH 992 12:22 8. BIRTHPLACE (State or Foreign Country) Baltimore, Md 9c. COUNTY OF DEATH Baltimore County 10d. INSIDE CITY 1 YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY University of Baltimore Maryland 21040 20c. LOCATION -- City or Town, State Approximate Interval Betwe Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

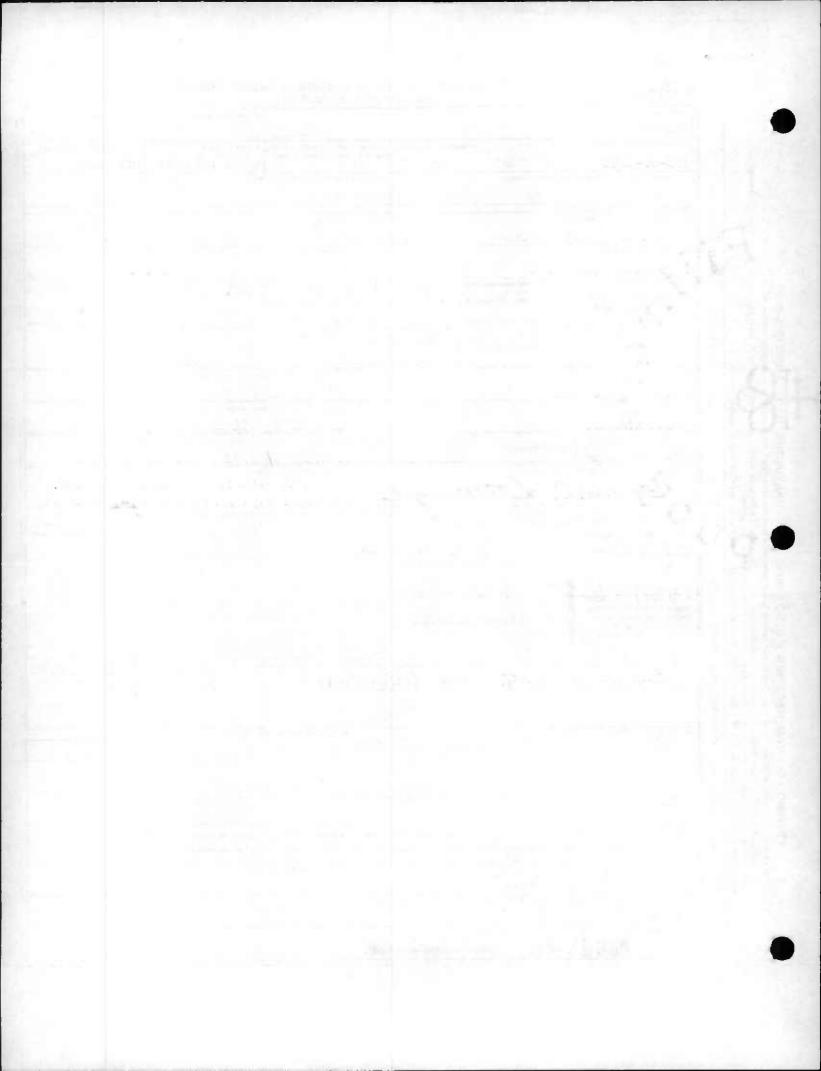


IMPORTANT: If then 28 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE OF			3	. TIME OF DEATH
	FLORENCE		ELA	INE				KIMBA	LL	монтн 08	12		992 9	:03 A.M
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. las	t birthday)	-	R 1 YEAR	IF UNDER		7. DATE OF I	BIRTH	- 1	8. BIRTHPL Country)	ACE (State or Foreign
-7	055-01-2722		1 M 2 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	APRIL	19,1	918	NEW	YORK
_	Sa. FACILITY NAME (If not i					9b. CIT	Y, TOWN	OR LOCATI	ON OF D	EATH		9c. COU	NTY OF DEA	тн
DIRECTOR	2100 WASH		AVE			SOME	ERSE'	r				MON	VIGOME	CRY
ដ្ឋា	10a. STATE	10b. COUNT	Y		10c, CIT	ry, TOWN	OR LOCA	TION					1	Od. INSIDE CITY
# I	MARYLAND	MONT	GOMERY		STI	VER	SPRI	NG						LIMITS?
	10e. STREET AND NUMBER				1022	., .,		. ZIP COD	E			10g. CIT		AT COUNTRY?
EB	1013 SCHIND	LER DR	RIVE				1 2	0903				u.s	. A .	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	OF HISPAI	NIC ORIGIN? (S	pecify Yes		14. RACE -	- American Indian,
BY	1 Never Married 2 X 3 Widowed 4 Div	orced	IF YES, GIVE W					2 NO	n, Maxica Specif	in, Puerto Rical	n, etc.)		Specify:	WHITE
COMPLETED	(Specify on	CEDENT'S EDU hy highest grade		(G	ive kind of	Work done	during me	ON ast of working	ng	16b, KIR	ND OF BUS	SINESS/INC	DUSTRY	
٦	Elementary/Secondary ((0-12)	College (1-4 or 5)		retired.)					11107	LIO.		
N N	17. FATHER'S NAME (First, A	dicide (ant)			ANCE	TEA	CHEK				ANCI			
	HARRY MANDE									ME (First, Midd NHORN	le, Maiden	Sumame)		
BE	19a. INFORMANT'S NAME (190	. MAILING	ADDRES	S (Street			NTUKN Route Number, (City or Town	n Ctute 7/c	n Codel	
2	OSCAR KIMBA	LL		1	013	SCHI	NOLE	R DR		SILVE	R SP	RING	, MD	
	20a. METHOD OF DISPOSIT 1 Burlet 2 Cremeti 4 Donation 5 Othe	on 3 🗆 Rem	novel from State	20b. PLACE	metory or o	OF DISPO	CEL	ima of IETED	V 81	16/92	20c. LO	CATION —	City or Town	n, Steta
	21. SIGNATURE OF FUNERA		CENSEE	- I MOUNT	LLD	22.	NAME A	ID ADDRE	SS OF FA	auty	AVL	LTIII	MAK	YLAND
	Dona	ld. C	Oto	tttem	yes	S 2	TEIN 32 C	HEB1	REW LL S	MEMORI. T N.W	AL FI	UNERA SHINO	AL HON	ME, INC. DC 20012
CERTIFICATION	disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injustat initiated events resulting in death) LAS	ring ury	DUE TO	OR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSEC	QUENCE O	(F): (F):	•							
MEDICAL	PART II. Other significance CANCER		ns contributing to	Will W		in the si			given in	Part I. 244	PERFOR	MED7	00	ERE AUTOPSY PINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TEXAMPLET? 1XXVES 2 NO	TO MEDICAL	HOSPITAL:	I FEED ALIEN A	Cons	ОТНЕ	n.			eck unity one)	- 0.1	00.11		
ž	27. MANNER OF DEATH		26s DATE OF	DEJURY	26b. TW	AE OF	28c. INJ		eldence	28d. DESCHII				GTON AVE
	1 Natural S	Pending Investigation	08-12-	1992	8:55	AM	1 []	res aX	Хио	SUBJEC				ALCONY
B A	3 Suicide e [7]	Could not be	286. PLACE O	F SHJURY — At har	me, farm,	street, fed	tory, offic			28f. LOCATIO City or To		-		Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro
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COMPLETED	29a. CERTIFIER 1 CERTIFIER ONe) 2 X MED	TIFYING PHYS	ICIAN: To the best of	my knowledge, de	eth occurr	red at the t	time, date	and place	, and due	to the cause(s) and man	ner as stat	ted.	
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TO BE	296 SIGNATURE AND TITU	= YA	ell A	Trel				0.C	.M.E				8-13-	1992
	MARIO F	-	VE I JR.	E OF DEATH (ITES	4 27) (Type		PENN	STR	EET	BALTIM	ORE	MARY	LAND	21201
	31. DATE FILED (Month), Day.			N'S SIGNATURE			7 19 1				-			
	AUI	G 18 1	336 gu	his Deviden	-Man	400								



BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEP/	ARTMENT OF HEALTH AND IFICATE OF DEATH	MENTAL HYGIENE REG. NO.	92 22801
	1. DECEDENT'S NAME (First, Middle, Lest)	F KNOO	P	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	110 0- 11/01	6. AGE (In yrs. lest birthde	MONTHS DAVE MONTHS MIN	7. DATE OF BIRTH (Month, Pay, Year)	8. BIRTHPLACE (State or Foreign Country) Mar Vland
TOR	98. FACILITY NAME (If not institution, give stre	o, tal + medica	Baltino	had	Baltimore
DIRECTOR	10a. STATE 10b. COUNTY		CITY, TOWN OR LOCATION		10d, INSIDE CITY LIMITS?
FUNERAL D	Maryland Baltim 100. STREET AND NUMBER 2038 Whistler Aven		laitmore 101. ZIP CODE 21230	1	1 (X) YES 2 NO 19. CITIZEN OF WHAT COUNTRY?
BY FUNE		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ▼ YES 2 □ NO IF YES, GIVE WAR OR DATES 49-53	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 VES 2 X NO Specify	an, Puerto Rican, etc.)	
PLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION 16e. DECEDENT (Give kind life. Do NOI	T'S USUAL OCCUPATION of work done during most of working use retired.)	16b. KIND OF BUSINE	ESS/INDUSTRY
BE COMPL	17. FATHER'S NAME (First, Middle, Last) George Chester Kna	dispa pp	18. MOTHER'S NA	transpo ME (First, Middle, Melden Sun rine Yingli)	name)
10	19a. INFORMANT'S NAME (Type/Print) Helen V. Knapp	19b. MAILE 203	NO ADDRESS (Street and Number or Flural 8 Whistler Avenue	Route Number, City or Town, S Balitmroe,	Md. 21230
	20e. METHOD OF DISPOSITION 11/ Burlel 2 Cremetion 3 Remov	al from State 20b. PLACE AND DATE (1997), cramatory of Land	reofdisposition (Name of the other place) To other place) Veterans Cem. 08	DATE 200. LOCAT	TION - City or Town, State ky Gap, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE		22 NAME AND ADDRESS OF E		
	IMMEDIATE CAUSE (Final	end started the death. De to one cause on each line. end starte char DUE TO (OR AS A CONSEQUENCE			Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE	OF):		40 year
MEDICAL	PART II. Other algnificent conditions Springer hittog	contributing to death but not resulting	g in the underlying cause given in	Part I. 24a. WAS AN AUTPENFORME 1 YES 2	
PHYSICIAN:	1 VES 2 VE	OSPITAC:		6 Other (Specify)	
ВУ	27. MANNER OF DEATH 1 Treturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	26s. DATE OF INJURY (Month, Day, Yeer) 26s. PLACE OF INJURY — At home, farm building, atc. (Specify)	IME OF NJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJU 26f. LOCATION (Street and City or Town, State)	Number or Rural Route Number,
COMPLETED		IN: To the best of my knowledge, death occurrence of the best of aximination and/or investige		to the cause(s) and manner	
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	DOMBCETED CAUSE OF DEATH (ITEM 27) (7)	hi 29c. LICENSE NU		8/17/92



AUG 18 1992

Julia Davidson-Randese

and clarge chases abstrates preto Jalesty John Danielon D COLLIA RIALED ESM SOM CENTRAL BALTIMORE, MARYLAND 21215-0020

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certificate has	1, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
-	70

92-4498-003 92 22802 ITEMS: 27 7,28a,b,c,d,e,f per MEO G-691 9/1/92 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 08 DAVID MICHAEL KELLEY 10 1992 12:52 P.M 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs, lest birthday) 7. DATE OF BIRTH
(Month, Day, Year)
May 16, 1977 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 216 17 5127 Maryland MONTHS DAYS HOURS 1XXM 2 F 15 MIN. YRS. 9a. FACILITY NAME (If not institution, give atreet and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OEATH DIRECTOR NORTH ARUNDEL HOSPITAL GLEN BURNIE ANNE ARUNDEL RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Pasadena 1 YES 2X NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1632 Colony Rd. 21122 United States 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 N NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. OECEOENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Coffege (1-4 or 5+) 9 Student High School 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Richard **Kelley** McNea1 Lucy BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Richard Kelley 1632 Colony Rd., Pasadena, MD 21122 20e. METHOD OF DISPOSITION 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Slate 20s. METHOD OF DISPOSITION

1 W Burlal 2 Cremation 3 Removal from Stata
4 Donation 5 Other (Specify) 8/13/92 Glen Haven Memorial Park Glen Burnie, MD SIGNATURE OF PUNERAL BERYJOE-LICENSES 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, MD 21122 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, **Approximata** shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Hangin DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☐ Inpetient XXER/Outpetient 3 ☐ DOA OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1X YES 2 NO marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF A 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Neturel M FOUND: 8-10-92 1 YES 2 XNO 11:40 BY SUBJECT HANGED SELF 2 Accident 28e. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1632 Colony Rd. 3 Sulcide COMPLETED 6 Could not be 28 4 Homicide FOUND: HOME TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If item 2 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Chure mo



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DIRECTOR: After the hours after death v

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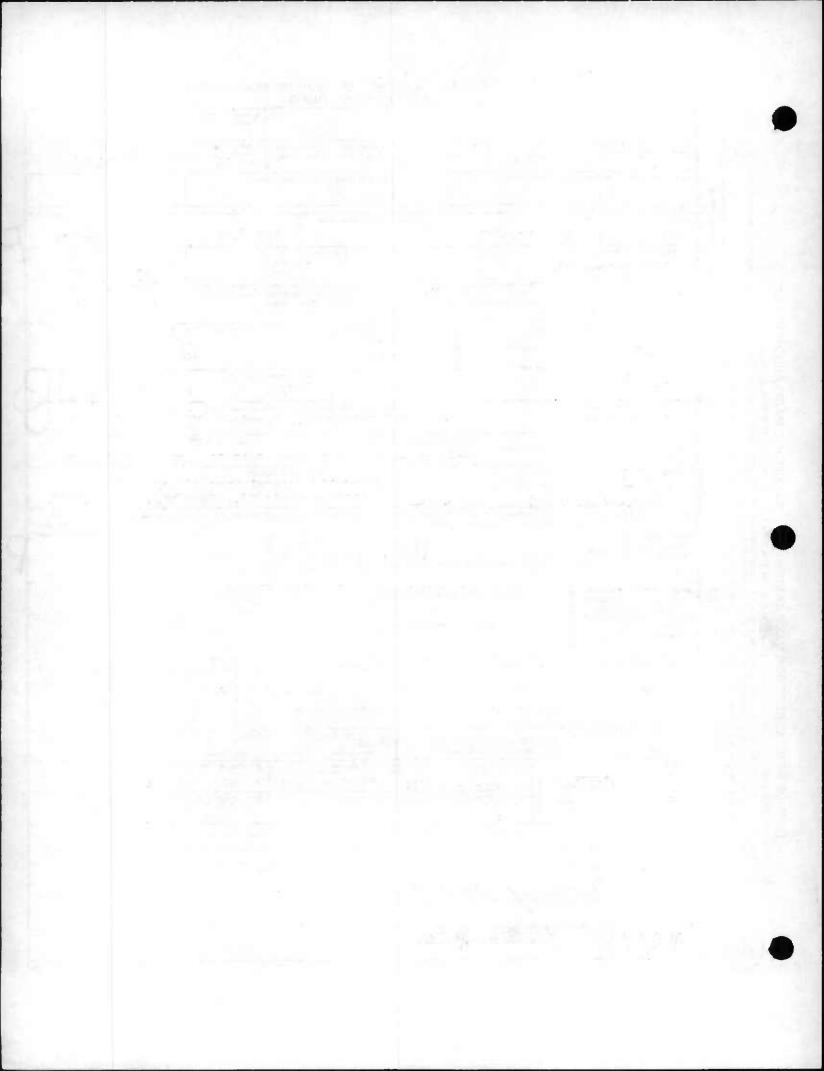
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JULA JULY CON HONDER

08-11-1992

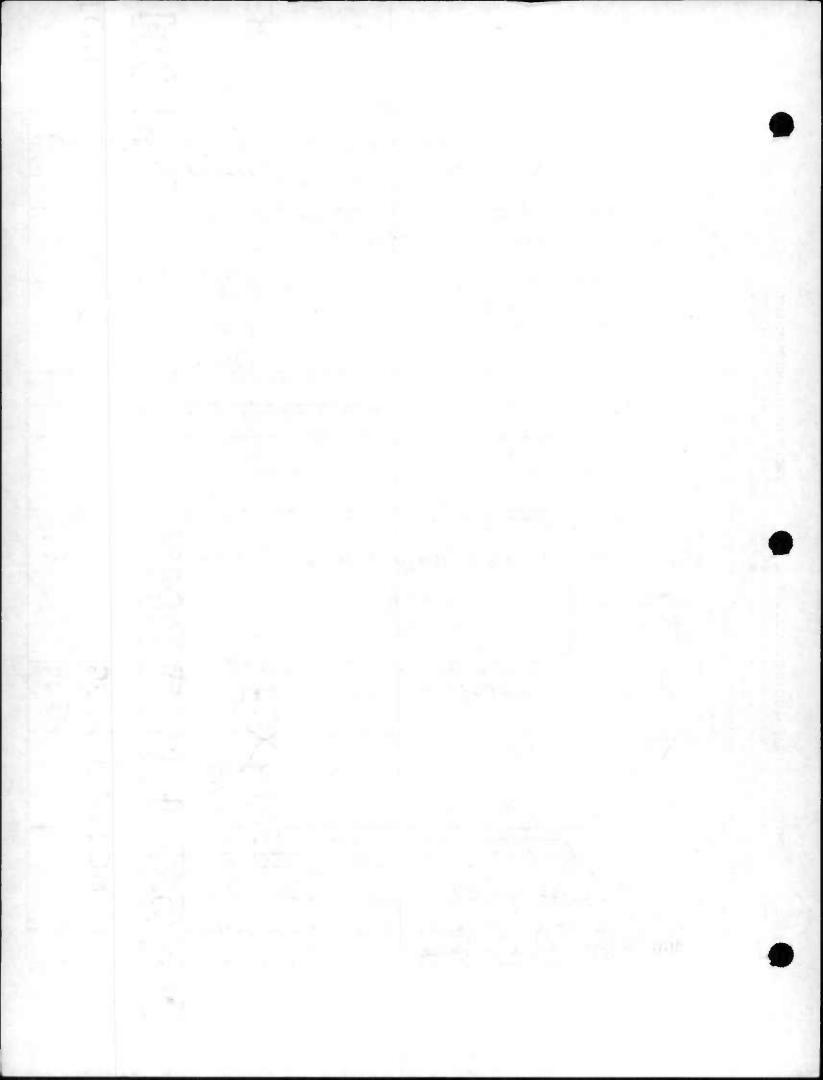
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	REGISTRAR		CERTIFICATE	OF DEATH	REG. NO.		
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L	DOSER L		450		8 1	4 72	-11:151
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (I	in yrs. last birthday) IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month; Day, Year)	8. BIF	TTHPLACE (State or Fore untry)
-	219-42-5436 9a. FACILITY NAME (If not institution, s		10	OWN OR LOCATION OF DI	7/29/49	9c. COUNTY OF	aryland
					SAIR		
e F	5 Kinwall Court	T	l Per	ry Hall		Balitm	ore
DIRECTOR	10a. STATE 10b. CO	/1 .	10c. CITY, TOWN OR I				10d. INSIDE CITY LIMITS?
	10 1	SACTO	PARKE				1 TES 2 N
¥ 1	10e. STREET AND NUMBER	101		101. ZIP CODE	21.71	10g. CITIZEN O	F WHAT COUNTRY?
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COMPL	0-10th		Chauffer			PRIC	iere
	17. FATHER'S NAME (First, Middle, Les			0.000	ME (First, Middle, Maiden		
	Clyde H. Krause 19a. INFORMANT'S NAME (Type/Print)	3	19b. MAILING ADDRESS (S		C. Failin		
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	James R. Krause		. PLACE AND DATE OF DISPOSE	e Avenue A		CATION - City or	
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11-	21. SIGNATURE OF FUNERAL SERVICE		22. NA	ME AND ADDRESS OF FA	CILITY	• • • • • • • • • • • • • • • • • • • •	ma.
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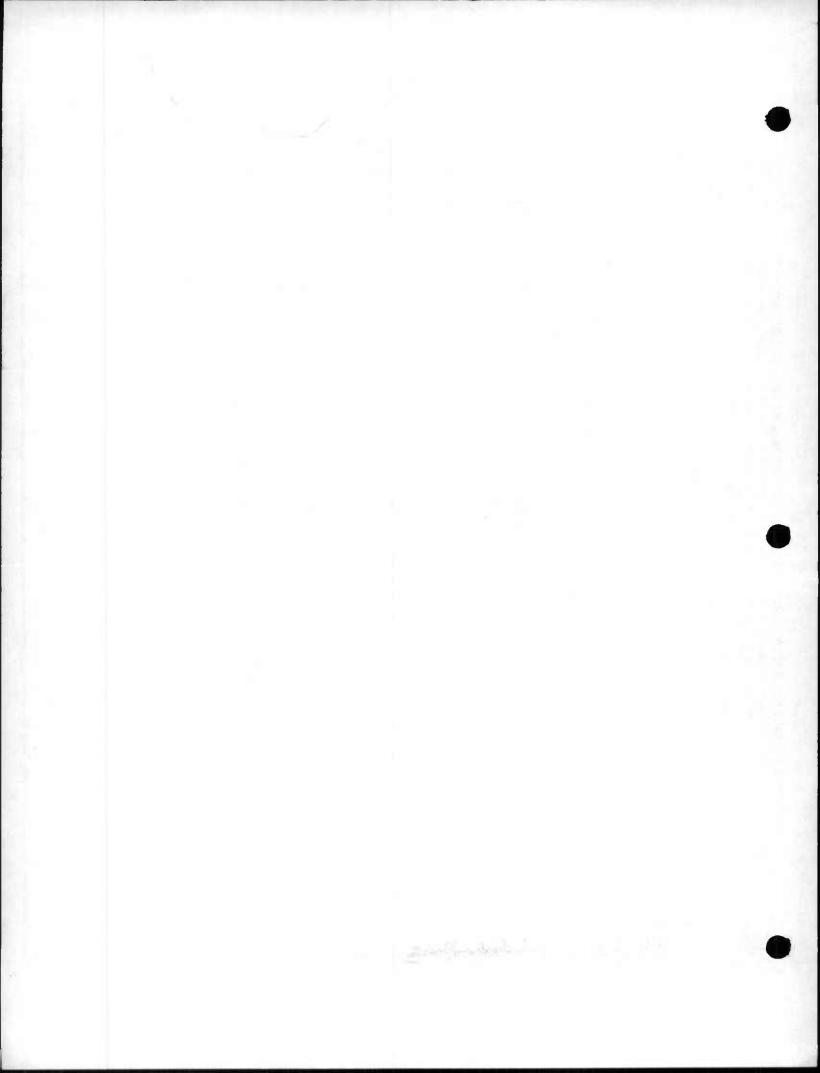


5 5 6 5	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLANC TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medial examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	1. DECEDENT'S NAME (First, Middle, Lest) MITCHELL LED KING							2. DATE OF DEATH DAY YEAR O'LL A				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest 215-18-3339 1) M 2 D F 6.					MONTHS DAYS MOUNTS MAN		(Month, Day, Year)			BIRTHPLACE (State or Foreign Country) MARYLAND	
	St. Agnes	Hospita				ary, rown	Or LOCATION OF	DEATN		9c. COUNTY		
- Chinedion	10e. STATE MD 10e. STREET AND NUMBER	10b. COUNTY Balti				imore	2				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
יסוורוטי	4527 Ridge	Drive			101. ZIP CODE 21229			U.S.A			The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	
5	1 Never Merried 2 🔀 3 Widowed 4 Divo		12. WAS DECEDENT E FORCES? 1 THE FORCES? 1 THE FORCES IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN THE FORCE IN	YES 2 N OR DATES - 9/12/	NO If yes, specify Cuban, Mes 1 YES 2 NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO			xican, Puerto Rican, etc.)			RACE — American Indian, Black, White, etc. Specify: White	
	(Specify only highest grade completed) (GI Elementary/Secondary (0-12) College (1-4 or 5 +)			ECEDENT'S USUAL OCCUPATION live kind of work done during most of working . Do NOT use retred.) Thenter			16b. KIND OF BUSINESS/INDUSTRY			RY		
	17. FATNER'S NAME (Float, M Clarance B.	. King	sr.			er building 18. MOTNER'S NAME (First, Middle, Melden Surneme) Turner						
	Bette Watso		3				and Number or Rura rive, Ba					
	20e_METHOD OF DISPOSITI	n 3 🗆 Remo (Specify)		"cometery, cre-	matory or other p	Ceme:	terv	DATE	Ral+	imoro	or Town, State	
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSITE		R.	1328	Sulphur	Sprin	brose g Rd.	Funera Arbuti	al Home, Inc. us, MD 21227	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST LETTRICULAR FIBRILLATION DUE TO (OR AS A CONSEQUENCE OF): C. CHRINIC ATRIAL FIBRILLATION DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other eignificent conditions contributing to death but not re SEVERE ATHEROSCLEROTIC C RECURRENT TIA					DICEARE			24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 1-NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO											
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK?						JURY AT	28d. DEŞCRIBE NOW INJURY OCCURED				
_	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner as stated.											
	296, SIGNATURE AND TITLE Mul S. (Imni	y, M.U	MEDICA	n RESI	DENT	29c. LICENSE N	UMBER			NED (Month, Dey, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RANL P CONSING, M.D. ST. A-GNES HADSPITAL, CATON AVE. BALTIMORE, MD. 31. DATE FILED (Month, Day, Yolin) 32. REGISTRAR'S SIGNATURE											
	AUG 181	992	Julie Davids	on-Renda	82							

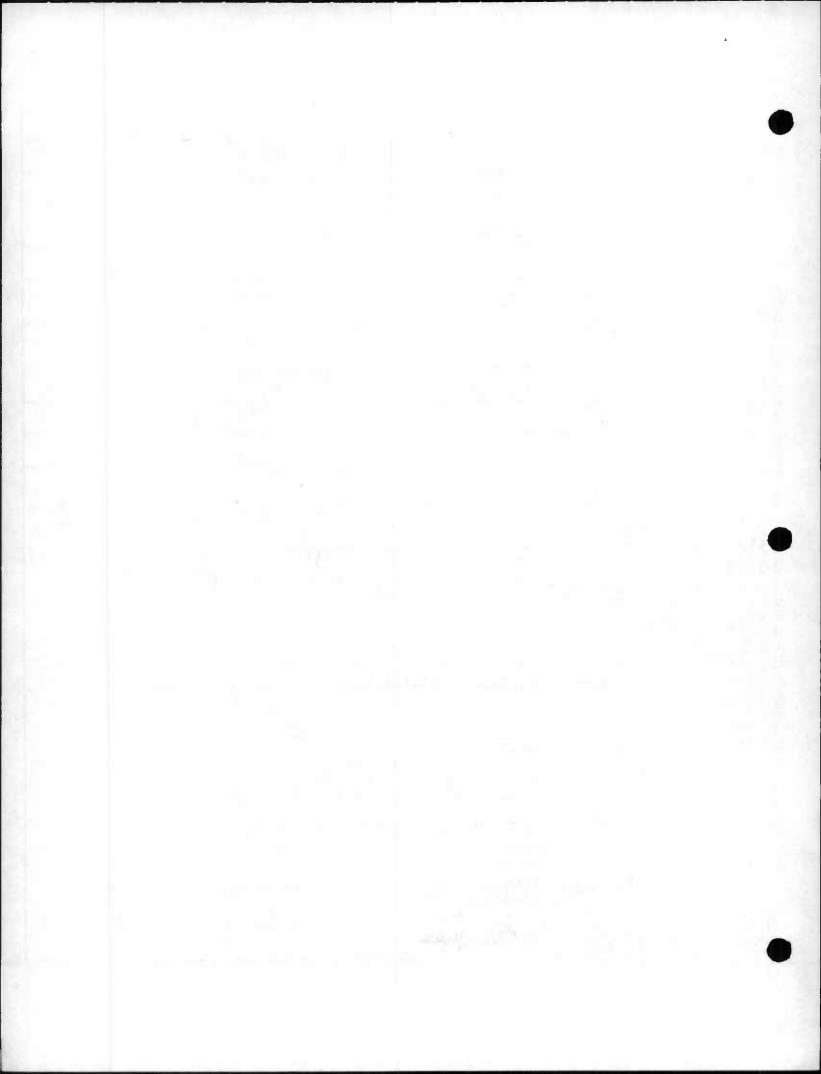




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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the first within 70 hours often death with the State Denir of Health and Mental Holistee notor in hural remarking or removal	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTI	FICA	TE OF	DEATH	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. Mildred A. Linz							3. TIME OF DEATH			
н	4. SOCIAL SECURITY NUMBER					8-15 71			+1731 "		
	215 30 4966	AGE (In yrs. lest birthda 58 YRS				(Month, Day, Year)			THPLACE (State or Foreign nity) Aryland		
E	9a. FACILITY NAME (If not institution, give Carroll Count					in ister		9	Carrol	DEATH 1 County	
Ķ	RESIDENCE OF DECEDENT									- ocurry	
Ĭ I	10a. STATE 10b. COUN	ITY	10c. (HTY, TOY	VN OR LOCAT	ION	···			10d. INSIDE CITY	
- DIRECTOR		arroll Cou	nty [Vest	minis					1 YES 2 NO	
FUNERAL	2037 Syksville	Road			10f. ZIP CODE 21157			1	A .		
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED		13. WAS DEC	ENDENT OF HISPAN	IC ORIOIN? (Sp	pecify Yes or	No- 14, RA	CE - American Indian,	
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, OIVE WAR	YES 2 NO OF DATES	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)				, etc.)	Black, White, atc. Specify: White		
ED	15. DECEDENT'S EL (Specify only highest gra		16a, DECEDENT	'S USUA	L OCCUPATIO	ON	16b, KIN	D OF BUSIN	ESS/INDUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NO	use retin	one gunng mo ed.)	st or working					
COMPL			Nurs	ses	Aid				on Temp	le	
ш	17. FATHER'S NAME (First, Middle, Last)	Charles Ma	ith			18. MOTHER'S NAI	ME (First, Middle therine				
0 8	19a, INFORMANT'S NAME (Type/Print)		19b. MAILI	NO ADDI	RESS (Street a	nd Number or Rural F	Route Number, C	ity or Town, S	State, Zip Code)		
F	George W. Linz	Sr.	2037	Syk	svill	e Road	Westm			ryland 21157	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	cometery, crematory of Cedar Hi				8/19		imore.	Town, State Maryland	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAME AP	ID ADDRESS OF FA	CILITY				
	Kichar	d E. &	Davis			e J. Gon Ritchie					
	23. PART I. Enter the diseeses, O	r complications that c	eused the death. D							Approximata	
	shock, or haert failure. List only one cause on each line.									Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition								Onset and Daath		
- 1	resulting in death)								The deniet		
,		AC	, 00 M	W	e o	which	, out	evi	Moils		
HIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
3	cause. Enter UNDERLYING									. !	
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OI	R AS A CONSEQUENCE	OF):							
Ŧ	resulting in death) LAST	d									
S											
5	PART II. Other aignificent condition	ons contributing to de	eth but not resultin	g in the	underlying	cause given in	Part i, 24a.	PERFORME		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
움	- 6	useli	n re	u	us		_ 10	YES 2 U		COMPLETION OF CAUSE OF DEATH?	
ME										1 TES 2 NO	
									- 1		
PHYSICIAN:	25. WAS CASE REFERRED TO-MEDICAL				26. PL	ACE OF DEATH (Che	eck only one)	·			
	EXAMINER? 1 VES 2 NO HOSPITAL: 1 Mightient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
	27. MANNER OF DEATH	28a. DATE OF IN.		IME OF	28c. INJ				IBY OCCUPED		
	1 Ahrturel 5 Pending	NJURY	WO	PK?	200. DESCRIE	BE HOW INJURY OCCURED					
2	2 Accident Investigation	YES 2 NO									
COMPLETED	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. LOCATION (Street and Number or Rural Route Number, City or Rown, State)									I Route Number,	
4	29a. CERTIFIER	MICHAEL TO ALL STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	all colleges as		S 1107 S =						
È		SICIAN: To the best of my								viences e conserv	
3	2 MEDICAL EXAMI	NEN. On the basis of exem	minution and/or investiga	rtion, in i	ny opinion, a	eath occured at the	time, data and	place, and d	lue 10 the cause	e(a) and manner so stated.	
#	296 SIGNATURE AND TITLE OF CERTIF	ER				29c. LICENSE NUM	BER	21	9d. DATE SIGNE	ED (Month, Day, Year)	
	+ amended	1 Naton	me			0189	00		> 316	192	
-		VHO COMPLETED CAUSE	OF DEATH (ITEM 27) (7)	pe, Print)		0	0.0	4 ==	O.Tan	Mr. STAN	
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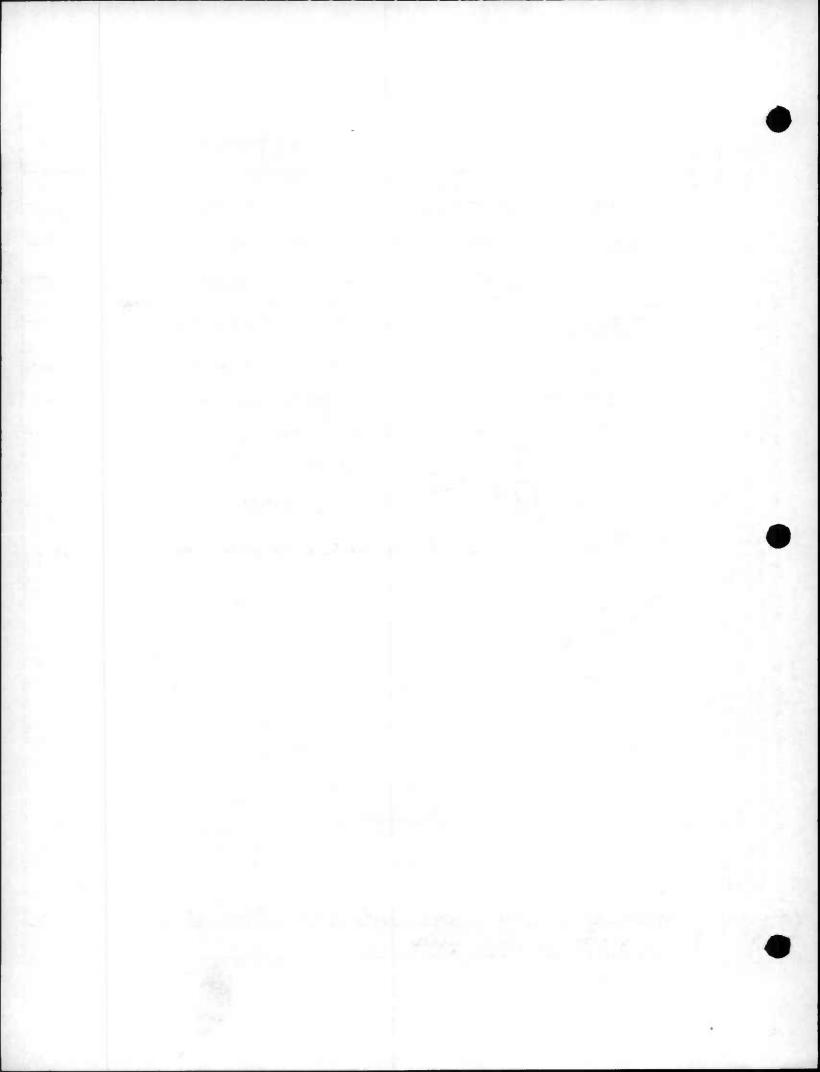


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate bas ben signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with the State Day, or Health and Mental Hygiene prior to burial, creanition, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Inlury, or other traumatic event, the medical examiner must be noted.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN		luja			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH		
	DORIS ELIZABETH I	LONG				08 15	199	EAR 2	M		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yra. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPL	ACE (State or Foreign		
- 0	218-28-2676	1 D M 2 D F	67 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 01 18		Country) MARY	LAND		
~	Se. FACILITY NAME (If not institution, give stre	set and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY				
DIRECTOR	760 SOUTH MESA RO)AD		MILLERS			ANNE	E ARU	JNDEL		
E				Y, TOWN OR LOCA				10	INSIDE CITY		
0	MD ANNE 100. STREET AND NUMBER	ARUNDEL		MILLERSV					☐ YES 2 X NO		
RA		\ A.T.		10	. ZIP CODE				T COUNTRY?		
FUNERAL	760 SOUTH MESA RC	12. WAS DECEDENT EVER IN FORCES? 1 YES	VUS ARMED	12 WAS DE	21108	NIC COLCUM PORTER V		S.A.	American Indian.		
BY FL	1 Never Married 2 Married 3 X Widowed 4 Divorced	If yes, sp	If yes, specify Cuben, Mexican, Puerto Rican, etc.)				Black, White, etc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade c	ATION completed)	16a. DECEDENT'S	USUAL OCCUPATION Work done during more retired.)	ON set of working	16b. KIND OF BU	SINESS/INDUS	TRY	WILLID		
LE.	Elementary/Secondary (0-12)	College (1-4 or 5+)									
M	12 17, FATHER'S NAME (First, Middle, Last)	2	REGISTE	RED NURS				HEA	ALTH DEPT.		
		TN CD				ME (First, Middle, Malden	Surname)				
B	EDWARD L. KOEHNLE 194. INFORMANT'S NAME (Type/Print)	IN, SK.	19b. MAIL ING	ADDRESS (Street		CRESSLER Route Number, City or Tow	on Chata Tin Co	-4-1			
2	DORIS E. DOWNS			SOUTH ME		MILLERSVI			11100		
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE	OF DISPOSITION (No			CATION - City		.1108 State		
	1 Donation 5 Other (Specify)		LEN HAVE	ther place) N MEMORT	AL PARK	8-19 GL					
- 3	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME A	D ADDRESS OF FA	CILITY	J. DOIL		***		
	1 Abon la	JED	++			ERAL HOME	DIIDNIT	E 14	D 01061		
	23. PART I. Enter the diseases, or co	emplications that ceused	the death. Do r	not enter the mo	de of dying, suc	S.W. GLEN	Iratory arreal	E, M	Approximate		
	anock, or heart feiture. List only one cause on each line.										
	disease or condition meeting in death) muterstatics Colon Corcinence										
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions.										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING										
	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
E	resulting in death) LAST										
	d.										
Ä	PART II. Other significant conditions	contributing to death be	ut not resulting i	In the underlyin	g cause givan in	Part J. 24a. WAS AN PERFOR			RE AUTOPSY FINDINGS		
PHYSICIAN: MEDIC						1 _ YES 2	DNO		MPLETION OF CAUSE DEATH?		
×								1 (TES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL										
2	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch						
H	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Gesidence 8 Other (Specify)									
	1 Natural 5 Pending	Natural 5 Pending (Month, Day, Year) INJURY WOR				AT 28d. DESCRIBE HOW INJURY OCCURED 2 NO					
BY	2 Accident Investigation 3 Suicide 6 Could not be		281, LOCATION (Street and Number or Rural Route Number,								
COMPLETED	4 Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicid										
Z.E	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.										
NG.		On the beele of examination						suse(a) an	d manner as stated.		
	206: SIGNATURE AND TITLE OF CERTIFIER	- 1			29c. LICENSE NUI						
) BE	Town M	AL			020	396	29d. DATE SIGNED (Month, Pay, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	1	1 1	1 0/0	J. MA			
	Vavis M. X	tehn S.	301 h	wich P	laven	Blud. 15	etto.	mel	2/237		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE								
	AUG 18 1992 3	Africa Devidson-A	angent								





FOR STATE REGISTRAR

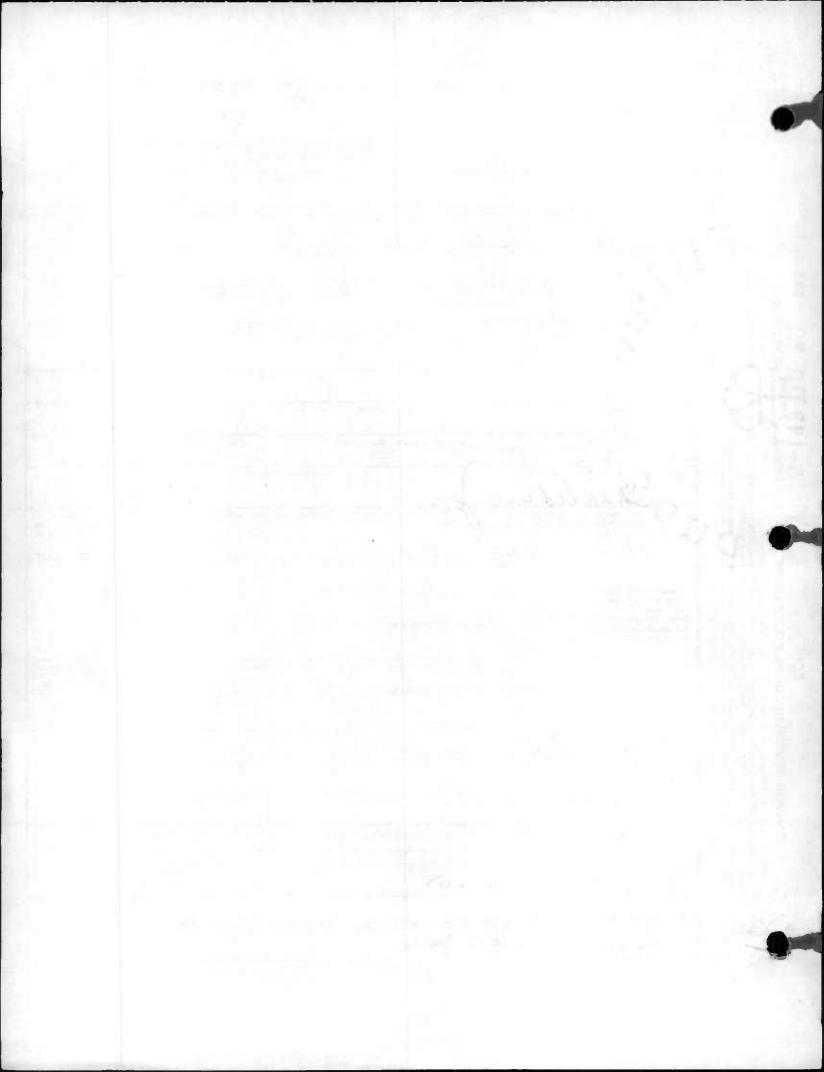
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TEGIOTIAN		OL	-11111	ICALL	_ 01	DEA	111		HEG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) VIRGIE MAE			LE	WIS				2. DATE MONTO AUGU	OF DEATH	Y 199	92 YEAR	3. TIME OF DEATH 10:50 Am
	4. SOCIAL SECURITY NUMBER 219-16-7065	5. SEX 1	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		A. BIRTI	PLACE (State or Foreign
- 1			70	THO.						. 0,1			-
R	9a. FACILITY NAME (If not institution, give st THE JOHNS HOPKINS		AL				ORE		EATH			NTY OF B	RE CITY
5	RESIDENCE OF DECEDENT												
DIRECTOR	Maryland 10b. COUNTY			1	ry, Town o			H	P				10d. INSIDE CITY LIMITS7 XX YES 2 NO
7	10a. STREET AND NUMBER					10	. ZIP COD	E			10g. CIT	ZEN OF V	WHAT COUNTRY?
FUNERAL	1302 N. Linwoo						212				U.	S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AR YES 24 N WAR OR DATES	MED IO		lf yes, sp	ENDENT (ecity Cube 2 NO	ın, Mexica	n, Puerto I	? (Specify Yes	or No-	14. RACI Black Spec	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Gi	CEDENT'S ve kind of Do NOT u	USUAL O work done se retired.)	CCUPATIO	ON ist of world	ing	16b.	KIND OF BU	SINESS/INC	DUSTRY	
MP				v.	Reti	red	l		C	&P Te	lepl	hone	Co.
8	17. FATHER'S NAME (First, Middle, Last)	-					18. MOT	HER'S NA	ME (First, I	fiddle, Maiden	Sumame)		
BE (LeRoy Gaines									rell			
5	19a. INFORMANT'S NAME (Type/Print)									er, City or Tow			
F	Webster S. Lew	is	52	9 K	appo	ck	Str	eet,	Ri	verda	le,	N.Y	. 10463
	20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE A Demetery, cred METRO	MDDATE	emat	ory	, I:	nc.	8/1	9 Cat	CATION -	vi11	e. Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			22. M	ars	hal	SS OF FA	Jo	nes,J	r. I	Tune	ral Home
	23. PART I. Enter the diseasea, pr c	comp	JANO.	2	4	101	Edi	mono	lson	Ave.	Ва.	Lto.	MD 21229
	ahock, or heart failure. I	PNE	V	HA	f):								interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE O	₽):								
ERTIFI	CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO	(OR AS A CONSEC	WENCE O	F):								
	PART ii. Other significant conditions	contributing to	death but not n	sulting	In the un	deriyin	cause	given in	Part I.	24a. WAS AN	AUTOPSY	7 24b	. WERE AUTOPSY FINDINGS
MEDICAL									_	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Z													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 SINO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Nun	R:			a Choi				
₹	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b, TIM	E OF	26c. INJ	URY AT			CRIBE HOW I	NJURY OC	CURED	
BY BY	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, Year)	IN.	M		RK? res 2] NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	FINJURY — Al hor etc. (Specify)	ne, ferm,	street, lact	ory, offic	•			ATION (Street a or Town, State)	and Number	or Rural F	loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	(29c. LICI	ENSE NUM	IBER		29d. DAT	E SIGNED	(Month, Day, Year)
0	Hylen D. /	mou	, mi				J	21	50		>	8/1	5/92
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM			H	301/	INIC	40	SP. P.	ATT	7) 14	10
	31. DATE FILED (Mogh, Pay, Year)	12 AEGISTRA	A'S SIGNATURE	-	1 4.3		J. K.	1147	110	7. 1	21111	UN	~ //
		454	-										



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

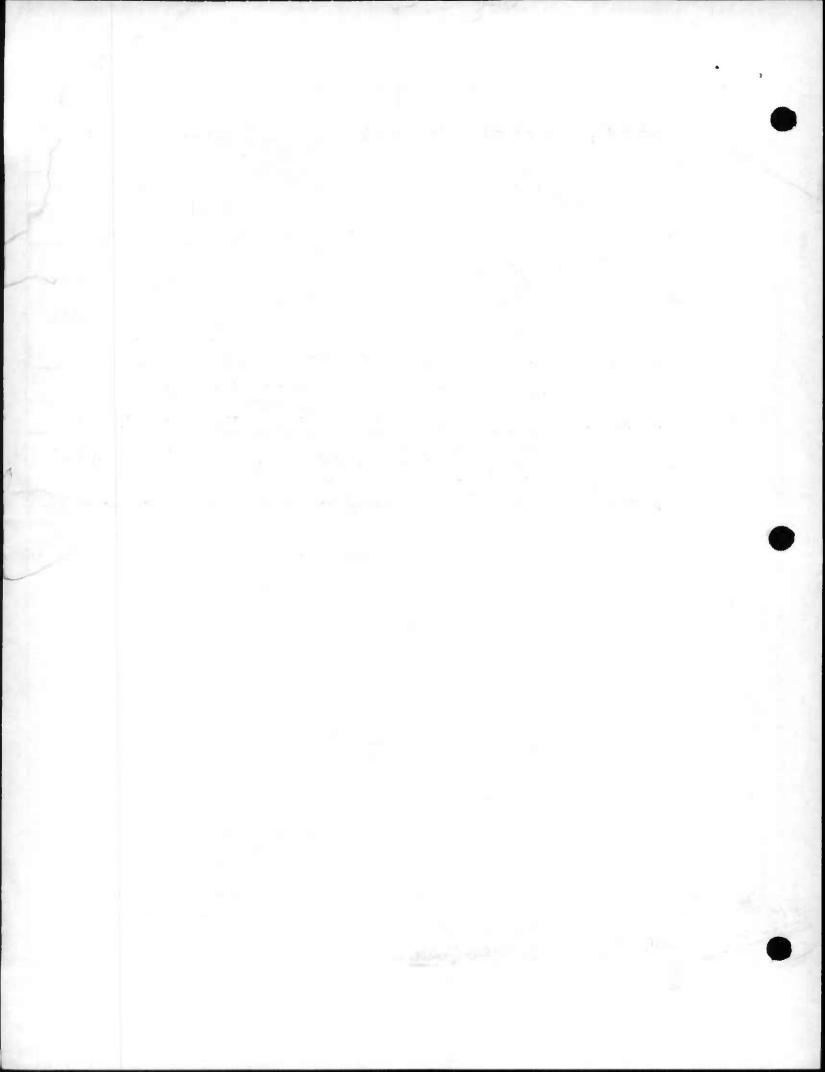
BALTIMORE, MARYLAND 21215-0020



L	TO BE COMPLETED BY DEVOICION. MEDICAL CENTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
le funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host

STATE OF MARY	LAND / DEPARTMENT	OF HEALTH AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF H	IEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest)	ETHEL MIC		RP ·		2. DATE OF DEATH MONTH D	5. 1992	
	4. SOCIAL SECURITY NUMBER 214-40-4024	5. SEX 8. AGE	(in yrs. lest birekday) 93 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	August 1 7. DATE OF BIRTH (MONTH, DAY 1941) 12/7/18	0. Bit	1 9:35 AM ATHPLACE (State or Foreign ATY) TO STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P
TOR	90. FACILITY NAME (If not institution, give s Saint Agnes Hos RESIDENCE OF DECEMENT			Baltin	OR LOCATION OF D	EATH	9c. COUNTY OF	F DEATH
DIRECTOR		NA A		timore	(Broo	klyn)		10d. INSIDE CITY LIMITS? 1 XX ES 2 NO
FUNERAL	100. STREET AND NUMBER 4001 Fourt	th Street,	7	101	ZIP CODE 212	25	10g. CITIZEN O	WHAT COUNTRY?
B	11. MARITAL STATUS 1X_X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IF FORCES? 1 1 YES	2 X NO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2 NO Specia	NIC ORIGIN? (Specify Ver an, Puerto Rican, atc.) fy:	В	ACE — American Indian, lack, White, etc. pecify: White
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th Grade	CATION completed) Coffege (1-4 or 5+) +4	(Give kind of the life. Do NOT us	USUAL OCCUPATION Work done during more retired.) THE THE BY	st of working	Baltin	more Cit System	ty
BE COM	17. FATHER'S NAME (First, Middle, Lest)	eter L	.erp			ME (First, Middle, Maiden	Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print) Mr. Carl S. Sch	ıramm				Route Number, City or Tow		
	20a. METHOO OF DISPOSITION 1)C Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DATE OF PLACE AND DA	of disposition (Na ther place) Ceme te	me of	B/19 Ba		Town, State Maryland
	21. FONATURE OF FUNERAL SERVICE LIK			MCCU	ly Fune	ral Home of sco Ave.,	f Brook	lyn Md. 21225
NOIL	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Refractor DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	y Throm	bocytop	enia		iratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A	CONSEQUENCE OF	f):				
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	e contributing to death b	out not resulting (in the underlying	ceuse given in	Part i. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJU	JRY AT	6 Other (Specify) 28d, DESCRIBE HOW II	NJURY OCCURED	
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, s	street, fectory, office		281. LOCATION (Street a City or Town, State)		al Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI CHECK EXAMINE	CIAN: To the bast of my know R: On the basis of examination	ledge, death occurre n and/or investigatio	nd at the time, date	and place, and due eath occured at the	to the cause(e) and mar time, date and place, an	nner as stated.	e(s) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	ming, ME	DICAL RE	110ENT	29c. LICENSE NUI	ABER	29d. DATE SIGN	ED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO				. CATON	AVE BAL	TIMORE,	MD.
	AUG 18 1992	32. REGISTRAR'S SIGN	ATURE CONTRACTOR			×		



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

McIntosh

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DIVISION

	4. SOCIAL SECURITY NUMBER 213-32-2422	5. SEX 6. /	NGE (In yo	1404	MOER 1 YEAR		DATE OF BIRTH (Month, Day, Year)	1	BIRTHPLACE (State or Fi
	Sa. FACILITY NAME (If not institution, give a)	YRS.	CITY TOWN	OR LOCATION OF DEAT	11/14/14		
N.	Good Samaritar			1000	alti		H	9c. COUNT	Y OF DEATH
CTOR	RESIDENCE OF DECEDENT								
DIRE	10a. STATE 10b. COUNT	Υ		Balt	imor imor				10d. INSIDE CIT LIMITS? 1 V YES 2
ERAL	1525 N. Caroli	ine St.				of. ZIP CODE 21213			N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2	[X]NO	If yes, s	CENDENT OF HISPANIC pecify Cuban, Mexican, I s 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ORIGIN? (Specify Yuarto Rican, etc.)	fes or No— 1	4. RACE — American Indi Black, Whita, atc. Specify: Black
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	164	. DECEDENT'S USU.	done durina r	TION nost of working	16b. KIND OF E	USINESS/INDU	
APLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		ille. Do NOT use reti	red.)	-00 t	Res	taura	nt
COMP	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAME			
ш	Jacob McIntosh	Sr.				Roseann	a Wilso	o n	
10 B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING ADD	RESS (Street	and Number or Rural Rou	e Number, City or To	own, State, Zip C	ode)
F	Barbara McInt	osh		21-B N	I. Ca	Thoun St	./Balt	imore,	MD 2122
	20s. METHOD OF DISPOSITION 1 V Burlai 2 Cremetion 3 Rem 4 C Donation 5 Other (Specify)	oval from State		CEAND DATE OF DI		Vame of Cemetery			ille, MD
	21. SIGNATURE OF FUNERAL BERVICE LIC	CENSEE /_/			22. NAME	AND ADDRESS OF FACIL			, , , , ,
	N-	17-	w	7	WM (MARCH	F H /1	101 F	. NORTH A
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	B. Transi DUE TO (OR. STYETE DUE TO (OR. C. PNEUMO DUE TO (OR. d. HIV + 2	AS A COP	Memia SEQUENCE OF): A SEQUENCE OF):	(Re	efused b	1004	produc.	(z +
	PART II. Other aignificant condition	e contributing to deal	th hut m	nà sociale e la ch					
N: MEDICAL	HTN, IVDA, multiple par	DIABetes				ng cause given in Pa	PERF	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FI AMILABLE PRIOR COMPLETION OF 6 DF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТ	28. I HER:	PLACE OF DEATH (Check	only one)		
IYS	1 YES 2 NO	28e. DATE OF INJU				me 6 Residence 6			
BY PI	Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye		28b. TIME OF INJURY	W	JURY AT ORK? YES 2 NO	d. DESCRIBE HOW	INJURY OCCU	RED
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJ building, atc. (IURY — A (Specify)	t home, farm, street	factory, off	Ca 26	f. LOCATION (Street City or Town, State	t and Number or te)	Rural Route Number,
COMPLE		CIAN: To the best of my k							
BE	296 SIGNATURE AND TITLE OF CERTIFIES	Multz	9	MD		29c LICENSE NUMBE	96	29d. DATE S	HIGNED (Month, Day, Year)
70	31. DATE FILED (Month Day War)	O COMPLETED CAUSE OF							

Julie Bridge Bondoge

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

92 22809

3. TIME OF DEATH

22:15

BIRTHPLACE (State or Foreign Country)
 M D

10d. INSIDE CITY LIMITS? 1 YES 2 - NO

nd place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) · 8/13/92

./1101 E. NORTH AVE.

Interval Batween Onset and Death

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

and the property of the property STATE OF STREET, STORY OF STREET

BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physician.	URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page's 1, 2, 3 should not have after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DEFINAL OR ATTENDING PHYSICIAN; The law requires that the death cartificate be executed within 2+ nours after death. Page 6 may be retained by the hospital or attending physician.	MEAN, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f	MT. Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR												
1. DECEDENT'S NAME (First, Middle, Last,								2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH
George J. Maxwe	_							08	14	1	92m	
212-05-9729	5. SEX 1 W M 2 F	6. AGE (In yrs. la.	YRS.		DAYS	HOURS	HRS. MN.	7. DATE OF (Month, D. 12/2	7/16		Countr	PLACE (State or Foreign) Tyland
9a. FACILITY NAME (If not Institution, give St. Agnes Hospit				9b. CITY, 1		OR LOCATION	OF DE			9c. COL	INTY OF O	EATN
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	PV											
Md.				rv, town on Baltin								10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF Y	VHAT COUNTRY?
1921 Deering A	venue					212	30				USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDER	NT EVER IN U.S. AI 1 YES 2 N WAR OR DATES	RMED NO	10	yes, sp	ENDENT OF	ISPAN Aexica	IIC ORIGIN? (S n, Puerto Rica	pecify Yes n, etc.)	or No-	14. RACE	— American Indian, t, White, etc.
	WWI			_1								white
15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	1 (0	Bive kind of	work done du	CUPATIO	ON st of working		16b. KII	OF BUS	HNESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Reti	1000				В	& O I	Rail	road	
17. FATHER'S NAME (First, Middle, Last)						18. MOTNER	'S NAI	ME (First, Midd				
George B. Maxwe	11					Marg	are	t Sto	ne			
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS ((Street a			Route Number,		n, State, Zi	p Code)	
Lillian G. Maxwe	11							to., 1				
20g. METHOD OF DISPOSITION		20b. PLACE	AND OATE	OF DISPOSIT	TION /Na	me of		DATE	20c. LOC	CATION -	City or To	wn. State
1 Burial 2 Cremation 3 Res	novel from State	cemetery, cre	emetory or	ark Ce	eme 1	emr		8/17	Ralt	imor	re. M	wn, State aryland
21. SIGNATURE OF TUNERAL SERVICE	ICENSILE			22. N	AME AN	D ADDRESS	OF FAC	CILITY				
23. PARTA. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition	List only one car	use on each line	B.	not anter ti	695 the mo	da of dying	St.	es cardiac	ridge or respir	ratory er	1. 2	interval Betw
IMMEDIATE CAUSE (Final	List only one car	use on each line	B.	not anter ti	695 the mo	Main da of dying	St.	es cardiac	ridge or respir	ratory er	1. 2	Approximate interval Betw
IMMEDIATE CAUSE (Final	b	use on each line	B.	not anter ti	695 the mo	Main da of dying	St.	es cardiac	ridge or respir	ratory er	1. 2	Approximate interval Betw
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	The law	le has b	te Dept.	m 23
	ICIAN:	certificat	the Sta	or Ite
	G PHYS	er this c	ith with	narked,
	TENDIN	DR: After	fter dea	00 is n
	OR AT	DIRECT	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	7	-1	N	-

MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

2

FUNERAL (HOSPITAL

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

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92 22811 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 08nth 1 24Y WILLIAM Ε. (Engelbert) MULLAUER D6:15 PM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 212-07-7332 5/22/1915 Maryland Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNTE A.A. COUNTY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Anne Arundel Baltimore Maryland (Brooklyn Park) 1 TES 2XXNO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21225 USA 207 Eighth Avenue, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 X YES 2 1 Never Married 2 Merried 1 TES 2 X NO BY Specify: 3 Widowed 4 Divorced WW 2 White COMPLETED 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) 8th Grade Technician WMAR-TV Studio 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) Mullauer Ferdinand Mullauer Anna BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Mrs. Marie G. Mullauer 207 Eighth Ave., Baltimore, Md. 21225 20e. METHOD OF DISPOSITION
1 ◯X Burlel 2 □ Cremetion 3 □ Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Cedar Hill Cemetery 8/17/92 Baltimore, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225 23. PARPI. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Finel Onset and Death congestive Failure disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE NO

d	
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.	
	1 TYES 2

1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28h TIME OF 26d. DESCRIBE HOW INJURY OCCURED

28c. INJURY AT WORK? 1 Natural 5 Pending 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide

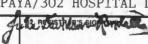
(Check only	1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner se stated.
one)	2 MEDICAL EXAMINER: On the basis of examination and/or immediately in the control of the day of the control of the basis of examination and/or immediately in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

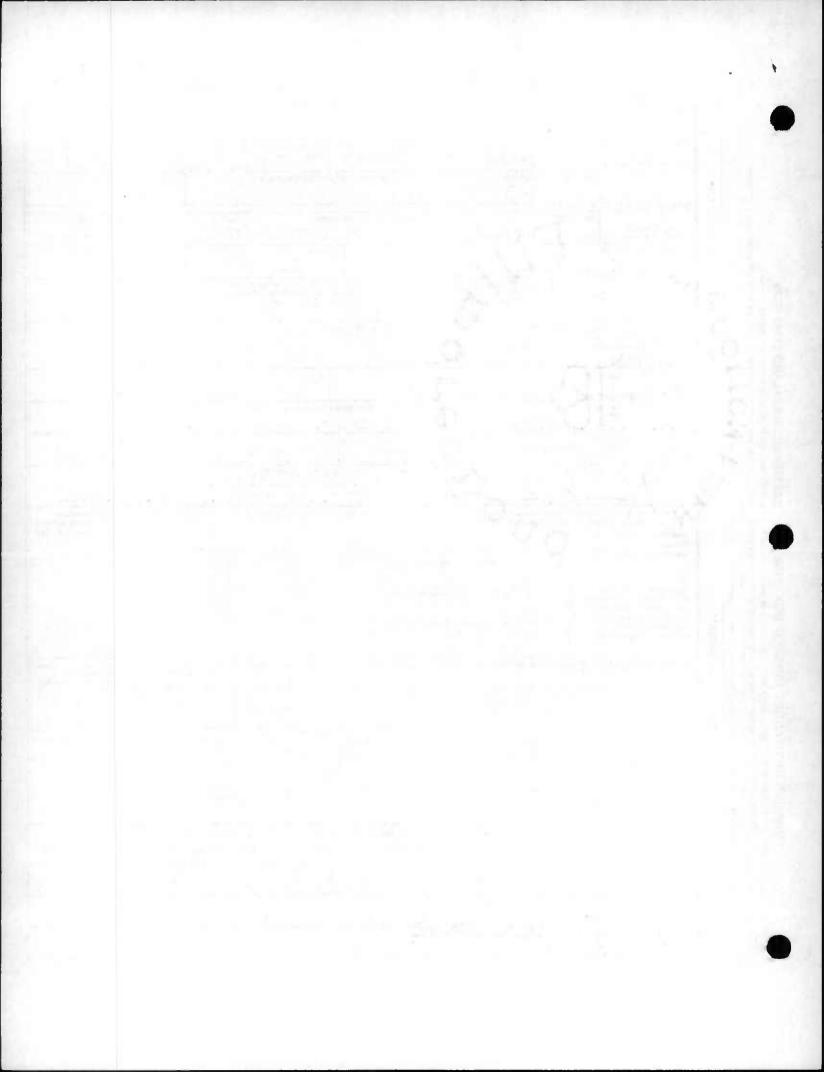
Jalvaeron

SO. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF SEATN (ITEM 27) (Typo, Print)

SALVACION, A., DUPAYA/302 HOSPITAL DRIVE, /GLEN BURNIE, MARYLAND 21061



8 16

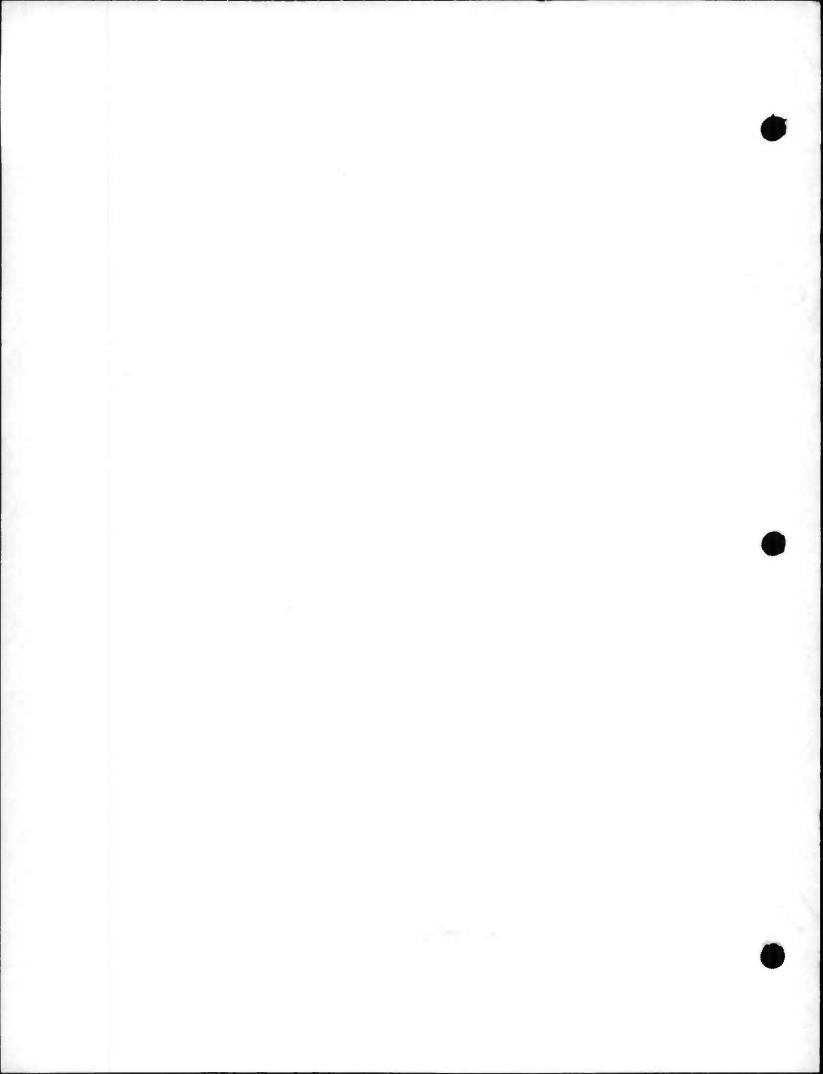


items 16b & 18; film g-690; 8-24-92; dr

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last) Edward P. M 4. SOCIAL SECURITY NUMBER 218-14-1529 90. FACILITY NAME (If not institution, give:	acDaniel				2. DATE OF DEATH BONTH DE O8 1		3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 218-14-1529 9e. FACILITY NAME (If not institution, give:	5. SEX 6. AG				month t		1.00	
218-14-1529 9e. FACILITY NAME (If not institution, give:	200				08 1	6 92		
9e. FACILITY NAME (If not institution, give	1 1 M 2 □ F	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0. B	HRTHPLACE (State or Fore	
9e. FACILITY NAME (If not institution, give	1 M2	67 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 9/4/24		ountry)	
4440 - 1 - 1	street and number)		9b. CITY, TOWN (OR LOCATION OF DE		9c. COUNTY (aryland of DEATH	
1119 Regina Drit	TO.		Arbutus			Balti		
RESIDENCE OF DECEDENT								
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								
MD Balti	imore	Ar	butus				1 YES 2 X N	
10e. STREET AND NUMBER		-	101	I. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
1119 Regina Driv	ve			21227		U.S.	A	
11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Ye	e or No- 14. I	RACE — American Indian	
			If yea, ap	ecify Cuban, Mexica 2 2 NO Specify	n, Puerto Rican, etc.)		Black, White, etc.	
3 Widowed 4 Divorced							white	
		16a. DECEDENT'S	USUAL OCCUPATE	ON set of working				
Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	IMa. Do NOT u	se retired.)					
		Deputy	Sheriff		Cevil	Servant		
17. FATHER'S NAME (First, Middle, Last)				10. MOTHER'S NA	ME (First, Middle, Meider	Sumame)		
Lawrence MacDani	ıel			Mary	CHILDE METS	OT BUL		
19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street	and Number or Rural I	Route Number, City or Tov	wn, State, Zip Code	0)	
Florence Windiso	ch MacDaniel	1119	Regina I	Drive, Ar	butus, MD	21227		
20a. METHOD OF DISPOSITION				ame of	OATE 20c. LC	DCATION — City (or Town, State	
4 Donation 5 Other (Specify)		Loudon Pa	other place) ark Cemed	terv	8/19/ Ba	ltimore	, MD	
21. SIGNATURE OF FUNERAL SERVICE LI								
4 105	4)().						
02 BARRY February			132	8 Sulphu	r Spring H	Rd., Art		
shock, or heart fellure.	List only ons cause on	each line.	not enter the mo	ide of dying, suc	h se cerdiac or resp	piratory arrest,	Approximat interval Bet	
IMMEDIATE CAUSE (Fine)	/	13					Onset and I	
resulting in death)	a. Lun	5 Con	res				/YR	
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Sequentially list conditions.	b							
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CAUSE (Disesse or Injury	C	e a consecuence o						
	DOE 10 (OR AS	S A CONSEQUENCE O	e):				i	
	d							
PART II. Other significent condition	ns contributing to desth	but not resulting	in the underlyin	g cause given in	Part I. 24s. WAS AF		24b. WERE AUTOPSY FINE	
A / /					PERFO	RMED?	AWAILABLE PRIOR TO COMPLETION OF CA	
					T T YES	Z NO	OF DEATH?	
					—		1 TES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			00.00	ACE OF OFFICE				
EXAMINER?	HOSPITAL:		OTHER:	V				
A								
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2 Accident Investigation	280 81 405 05 11111	INV. As b.						
3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, State)								
4 Homicide determined building, etc. (Specify) City or Town, State)								
					to the cause(e) end ma			
29a. CERTIFIER (Check only				roman management	the data and store a	nd due to the cau	seafe) and manner as when	
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29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ER: On the basis of examinat	MA	on, in my opinion, d	29c. LICENSE NUM	ABER		NED (Month, Day, Year)	
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE THO TITLE OF CERTIFIE W. C. W.	ER: On the basic of examination	mo			ABER			
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ER: On the basic of examination	mo		29c. LICENSE NUM	ABER			
	10. STREET AND NUMBER 1119 Regina Driv 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. DECEDENT'S EDIC Specify only highest gred Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Lawrence MacDan. 19e. INFORMANT'S NAME (First, Middle, Last) Lawrence Mindisc 20e. METHOD OF DISPOSITION 1 Nother Specify) 21. SIGNATURE OF FUNERAL SERVICE LIMITED STATES CAUSE (Fined diseases or condition resulting in death) Sequentially flat conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 22. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	11. MARITAL STATUS 1	11.19 Regina Drive 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest prace completed) 16. Decedent's Education (Specify only highest prace completed) 17. FATHER'S NAME (First, Middle, Leas) Lawrence MacDaniel 196. INFORMANT'S NAME (Type/Print) Florence Windisch MacDaniel 196. INFORMANT'S NAME (Type/Print) Florence Windisch MacDaniel 196. NETHOD OF DISPOSITION 1 Surfat 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) 17. SECHATURE OF FUNERAL SERVICE LICENSE 23. PART 1. Enter the diseases, or complications that caused the death. Do shock, or heart fellure. List only ons cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) A shock or beart fellure. List only ons cause on each line. 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IMMEDIATE CAUSE (Finel disease or injury that initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): A. 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STREET AND NUMBER 11.19 Regina Drive 12. WAS DECEMBER 11.19 Regina Drive 13. WAS DECEMBER 11.19 Regina Drive 14. MARTIAL STATUS 15. WAS DECEMBER 12. WAS DECEMBER 11.19 VES 2 (0) NO 15 PROPERTY (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2) (1988 2)	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FINERAL DIRECTOR: Note this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to any order of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the prop	be lifed within 12 inclus after begul with the State begul, of regular and wenter byter prior to burke, chemistrating. At removal, or temporal, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF I		DEPAR					MENTAL HYGIEN REG. NO.		2 22813
	1. DECEDENT'S NAME (First, Middle, Last)		irginia	Nage	ngas	t			2. DATE OF DEATH		3. TIME OF DEATH
	Mary V Nagengas								8 1		2 12:27 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. les	si birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)
1 1	218-42-4019	1 M 2 X F	87	YRS.	0.0				9/17/04	M	aryland
~	Se. FACILITY NAME (If not institution, give s							ON OF DE	ATH	9c. COUNT	Y OF DEATH
õ	St. Agnes Hospita	JT			[Balt	imor	<u>e</u>		N/A	
DIRECTOR	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN C	OR LOCAT	TION				10d, INSIDE CITY
BIG	Maryland Balt	imore		Ba	altin	nore	(R	altin	nore Highl	ands)	LIMITS?
A	100. STREET AND NUMBER						. ZIP COD		nore irigiri		N OF WHAT COUNTRY?
FUNERAL	2924 Louisian	na Avenue	2,					21227	7	l	JSA
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED					IC ORIGIN? (Specify Yes	or No.— 14	I. RACE — American Indian,
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE Y	YES 2 XI	NO				n, Mexicar Specify	, Puerto Rican, etc.)		Bleck, White, etc. Specify:
											White
里	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S live kind of a Do NOT us	Work done	CCUPATIO during mo	ON st of worldi	ng	16b. KIND OF BUS	SINESS/INDUS	STRY
Ä	3rd Grade	College (1-4 or 5	+)	Homer					Domont	امال ما	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			поше	llaker		40 1407	ACDIO MAS	Domest		ISEWITE
	J0hn Henr	v He	erman						ie Wackei		man
BE .	19a. INFORMANT'S NAME (Type/Print)	<i>J</i>		b. MAILING	ADDRESS	S (Street a			oute Number, City or Town		
2	Mrs. Marie Dzbyr								Baltimore		21227
	20a. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State	20b. PLACE						1		y or Town, State , Maryland
	21. SIONATURE OF PUNERAL SERVICE LIG	ENSEE Kev	in E. E	cker				SS OF FAC		£ D	-1.7
	18-786				1	237	E. Pa	ataps	co Ave.	Balto.	. Md. 21225
	23. PART I. Enter the diseases, or o sheck, or heert fellure. IMMEDIATE CAUSE (Final disease or condition	complications the	it caused the de	eath. Do r	not enter	the mo	de of dy	ing, such	as cerdiac or respi	ratory errea	t, Approximete Interval Between Onset and Death
	resulting in death)	DUE TO	(OR AS A CONSEC	DUENCE O	F):	<i>/ ((((((((((</i>	7/1	/	14		3 Man
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A CONSEC	DUENCE OF	ac F):		*	Muz	llinue		
RTIFI	that initiated events reaulting in death) LAST	DUE TO	(OR AS A CONSEC	OVENCE OF	F):						
S	DADT II Other significant condition										
SAL	PART II. Other aignificent condition	A 1 O T	Eus C		in the un	nderlying	g cause (given in I	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDICA	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	y Leve	a gra	1					1 YES 2	NO	OF DEATH?
Σ		(1)							- /		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					00.04	105 OF D	F 4711 (D)			
Sic	EXAMINER?	HOSPITAL:	7 5010 1 11 1	V	OTHER	R:			ck only one)		
H	27. MANNER OF DEATH	28e. DATE OF		28b. TIM		28c. INJ		eldenca (26d. DESCRIBE HOW IF	HIBY OCCUR	REO
	1 Netural : 5 Pending	(Month, D	ley, Year)	INJ	JURY M	WO	RK?	NO	TOTAL DECOMBER 11011 II	100111 00001	
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE O	F INJURY — At ho	me, farm, s	street, fact				28t. LOCATION (Street a	and Number or	Rural Route Number,
TEL	4 Homicide determined	bullding,	etc. (Specify)						City or Town, State)		
12 J	29a. CERTIFIER OF CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurre	ed at the ti	lme, date	end place	and due t	to the cause(e) end man	ner as stated.	
7	(Check only 194										
OMPLI			xamination and/or I	Investigatio	ni, ni my o	риноп, о	verii occui			a die to the c	euse(a) and manner as stated.
E COMPLETED		R: On the beals of e	xamination and/or I	investigatio	ni, iii iiiy o	pinion, di		NSE NUM			
TO BE COMPLI	000) 2/ MEDICAL EXAMINE	S. Kau	stome.	1.40	~						IGNEO (Month, Day, Year)

AUG 18 1992 Schie Davidson Rend

DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR 1. DECEDENT'S NAME (F

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

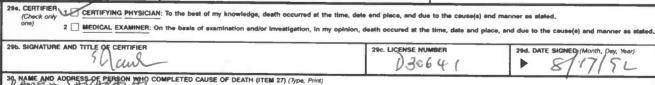
be detached for use as the burial-transit permit, Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

FUNERAL

FOR STATE REGISTRAR		STATE OF M		DEPAR ERTIF					MENTAL HYGIEN REG. NO.	9	2	22814
1. DECEDENT'S NAME (First									2. DATE OF DEATH		WEAD	3. TIME OF DEATH
Joseph		OSWINKLE	SR						August 15	, 19	32	11:15 A
216 16 557		5. SEX 1 📉 M 2 🗌 F	6. AGE (In yrs. les	yrs.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH March 25,	192	B. BIRTI	HPLACE (State or Foreign aryland
Franklin	Sq. Ho						Ville		ATH		nty of t	re County
10a. STATE Maryland	10b. COUNTY	timore		10c. CIT	Y, TOWN		TON					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 102 Ber	nnett F	ld.				101	212			10g. CIT	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Dive	Married proed	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 1			if yes, sp	ENDENT Coeffy Cubic	n, Mexica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No—	14. RAC Blac Spec	E — American Indian, k, White, etc.
	EDENT'S EDUC			CEDENT'S					16b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (1	1-12)	College (1-4 or 5	- Cha	Do NOT us	el Wo			9	Stee	el M	ill	
17. FATHER'S NAME (First, M Joseph		winkle					16. MOT		ME (First, Middle, Melden Dara Hors			
ATTACABLE AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PA												

COMPLETED BY 17. FATHER'S NAME (First Josen BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joseph C. Oswinkle, Jr. Son 518 Bowley's Qtrs. Rd. Balto. MD 21220 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 M Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) com Cake Lawher Cemetery Baltimore Co., MD 8/19/92 21. SIGNATURE OF FUNERAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITY
Bruzdzinski Funeral Home PA 1407 Eastern Ave. Balto., MD 21221 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or heart failure. List only one ceuse on each line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition SEPSIC resulting in death) DUE TO (OR AS A CONSEQUENCE OF): SEVERE PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Decub. lus CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? failure. RIGGA heart 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 10 me 5 - Residence 8 - Other (Specify) 4 - Nursing Ho 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be



29c. LICENSE NUMBER 03064

5L 8

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

131 Back River Neck RD Baltimore

31. DATE FILED (Month, Day, Year

4 Homicide

BE

2

Section 1 . Sello of the sello

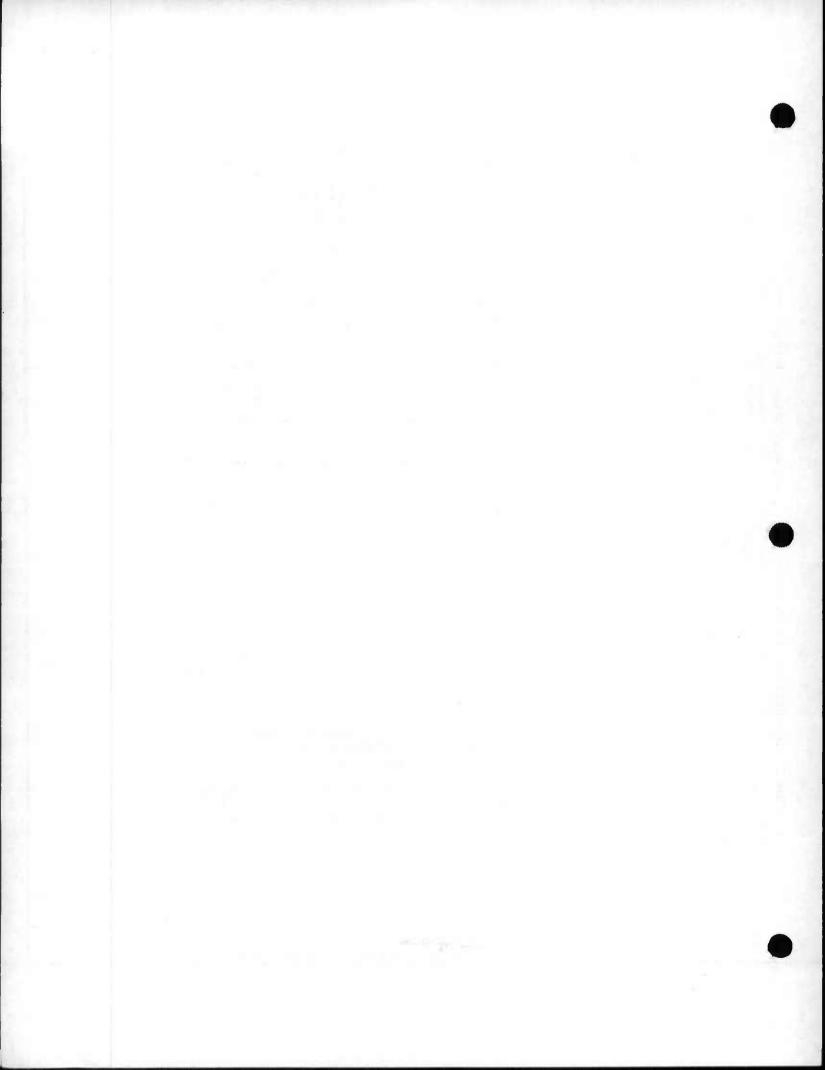
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the timeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

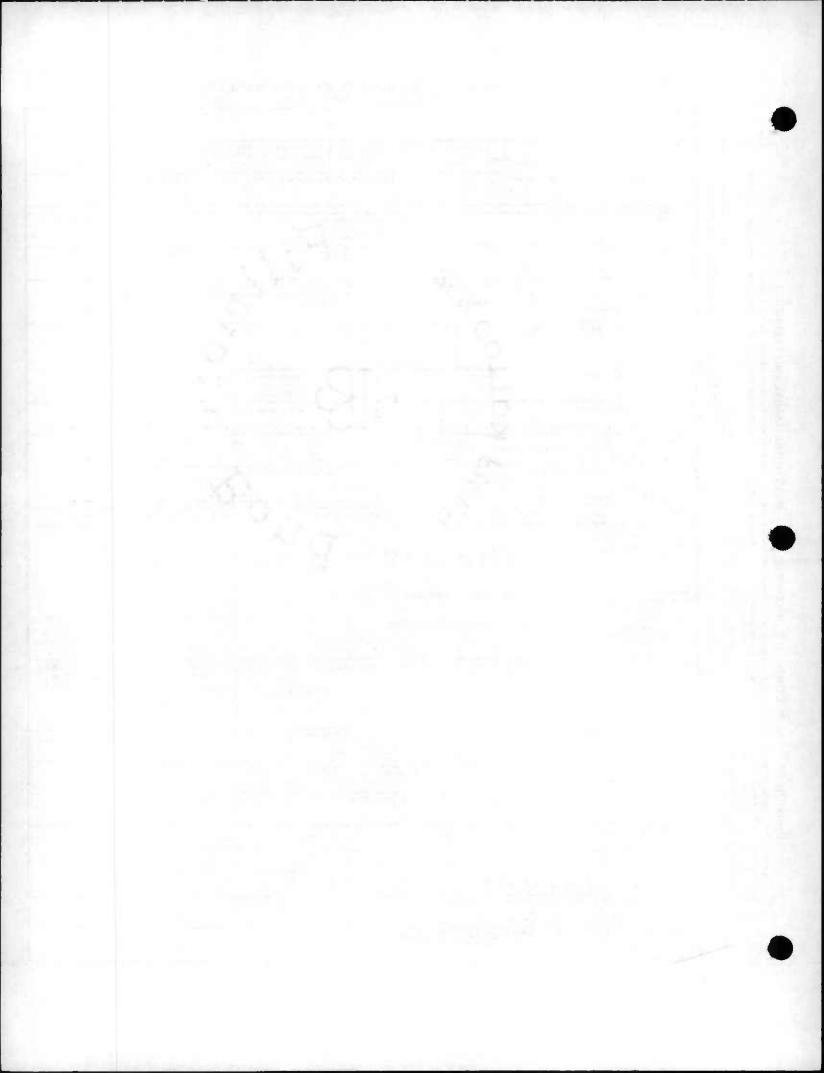
	1 - FOR STATE REGISTRAR	TE OF MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	Los Los Los
	1. DECEDENT'S NAME (First, Middle, Last) H. HENRY W.	ENRY WILLIAM PIERCE		2. DATE OF DEATH MONTH DAY	YEAR 992 5.15 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 219-22-7/62 1 MM	2 □ F 64 YRS. MON		7. DATE OF BIRTH (Month, Day, Year) March 24,192	B BIRTHRI ACE (Crate or Forming
DIRECTOR	99. FACILITY NAME (If not institution, give street and in CHURCH HOSPITAL RESIDENCE OF DECEDENT	mi d	BALTIMORE		NTY OF DEATH
DIRE	MD . 106. COUNTY		WN OR LOCATION LIMORE		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	2313 FLEET ST		101. ZIP CODE 21224	10g. CIT	USA
ВУ	1 Never Married 2 Married FOR	DECEDENT EVER IN U.S. ARMED CES? 1 1 YES 2 10 ES, GIVE WAR OR DATES KOrea	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexical 1 YES 2 YNO Specify		14. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) N/A N/A	(1-4 or 5+) life. Do NOT use reti	fone during most of working red.)	16b. KIND OF BUSINESS/INC	
BE COM	17. FATHER'S NAME (First, Middle, Last) William C.Pierce			ME (First, Middle, Melden Surname) Satherine Pierc	e
TO B	190. INFORMANT'S NAME (Type/Print) David R. Pierce (So	(n) 19b. MAILING ADD 2313 F1	RESS (Street and Number or Rural Reet St., Balti	Route Number, City or Town, Stere, Zig. more, Md. 2122	Code)
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF DIS cemetery, crematory or other p Most Holy R	edeemer	8/18 Baltimo	city or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Schimunek Fune		Md 21213
	23. PATT I. Enter the diseases, or complication shock, or heart failure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death)	tions that caused the death. Do not e one cause on each line. Acute Mspirate DUE TO (OR AS A CONSEQUENCE OF):	nter the mode of dying, such	h aa cardiac or reapiratory an	Peat, Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	COPD DUE TO (OR AS A CONSEQUENCE OF):			
ERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):			
AL	PART H. Other eignificent conditions contrib Preumonia Atherosclesh	outing to death but not resulting in the		Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSP!		26. PLACE OF DEATH (Cho	ock only one)	
	1 YES 2 NO	itlent 2 ER/Outpatient 3 DOA 4 DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	HER: Nursing Home 5 Residence 1 28c, INJURY AT WORK? M 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW INJURY OCC	CURED
тер ву	2 Accident Investigation 3 Suicide 6 Could not be determined	. PLACE OF INJURY — At home, farm, street, building, etc. (Specify)		281. LOCATION (Street end Number City or Town, Stelle)	or Rural Route Number,
COMPLETED		he best of my knowledge, death occurred at the best of examination and/or investigation, in			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER Wheherey WD	House officer	D-405	521 >8	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLED DR. OCHAHEJ 31. DATE FILED (Month, Day, Year) AUG 18 1992	TED CAUSE OF DEATH (ITEM 27) (Type, Print)	CHURCH HOSP COADWAY BA	ITAL LTIMORE, MD	21231
	AUG 18 1992	ha Davidson-Handell			



THOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nour after some 6 may be retained by the hospital or attending physician.

If INDERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the trace director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

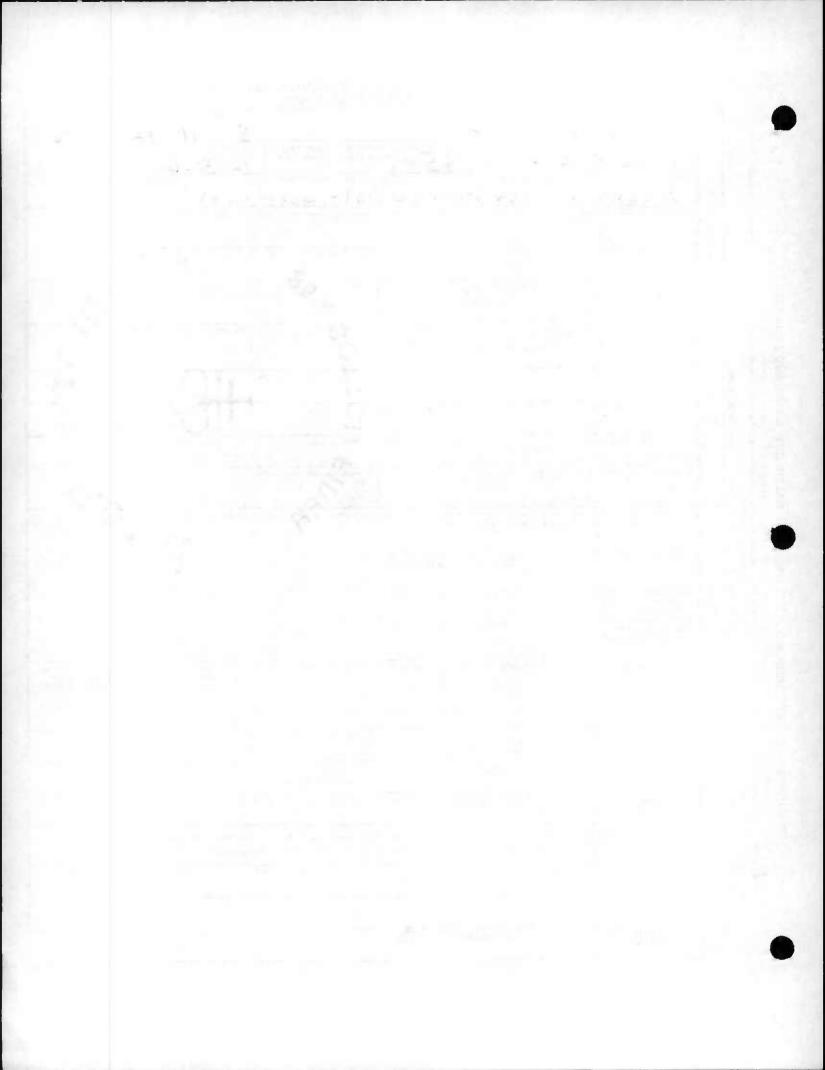
1. DECEDENT'S NAME (Fire	st, Middle, Lest)			CERTIF						E OF DEATH	IO.		3. TIME OF DEATH
MARGAI			OWELL						MON 8	in .	11	92	2:20 P
4. SOCIAL SECURITY NUN 222-30-129		5. SEX	6. AGE (In yrs. 45	last birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	MIN.	7. DATE Jan	of BIRTH	1947	a. BIRT Coun New	HPLACE (State or Foreign Try) Jersey
Se. FACILITY NAME (If not	Institution, give a	street and number)			9b. CITY, 1	TOWN C	OR LOCATI	ON OF D			-	INTY OF I	
Union Hos	snital				F	Elkt	- on				Cox	-i 1 /	County
RESIDENCE OF DE	CEDENT 10b. COUNT	v		140-007	Y, TOWN OR						Cec		
N.Y.				100, 61	BROOK	KLY	N						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
1 PIERREP		REET				101	1120					USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO	H y	yes, sp	ENDENT (ecity Cubi 2 KNO	ırı, Mexica	in, Puerto	IN? (Specify Rican, etc.)	Yes or No	Blac	E — American Indian, ik, White, etc.
15. DE (Specify or Elementary/Secondary (N/A	CEDENT'S EDU nly highest grade (0-12)	Completed) College (1-4 or 5 or N/A		DECEDENT'S (Give kind of life. Do NOT us	work done du	ring mo	ON st of worki	ng	16		N HOMI		
17. FATHER'S NAME (First, I	Middle, Lest)	11/11		110111			18 MOT	HED'S NA	ME (First	Middle, Maid		<u> </u>	
Edwin J.										lughes			
194. INFORMANT'S NAME (19b. MAILING	ADDRESS (Street a				-		p Code)	
Robert F.	Powel:	1 Jr. (Hu											N. Y.11201
20s. METHOD OF DISPOSI Burlel 2/Cromati	TION Ion 3 🗆 Ram		20b. PLAC	CE AND DATE	OF DISPOSIT	ION/Na	me of		OA	TE 20c.	LOCATION - Balti	City or To	own, State
H. SIGNATURE OF FUNER		CENSEE)				D ADDRE	SS OF FA	CILITY				,
	the second second second												
23 PART I. Enter the c shock, or I IMMEDIATE CAUSE (FI disease or condition resulting in desth)	inai	List only Dne ceu	ise Dn esch ii	ine.	So 33 not enier th	chi 331	munel Brel	k Fu	nera Lane		timore		d. 21213 Approximate interval Between Onset and Des
snock, or r immEDIATE CAUSE (Fi disease or condition resulting in desth) Sequentially list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj	Itiona, ediete	s. Mult DUE TO	ise Dn esch ii	SEQUENCE O	So 33 not enter the	chi 331	munel Brel	k Fu	nera Lane	, Bal	timore		Approximate interval Between
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FOR STATE REGISTRAR

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1. 2.	DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	TY	losip	10c. CITY, 101	VN OR LOC		e Ci-	+ 7		10d. INSIDE CITY
i. nsit permit. Pages	FUNERAL D	Maryland Ann 100. STREET AND NUMBER 2963 Crystal	e Arundel Palace Lane	2	Pa	sade	na or. zip code 21122	2	10g. CI	TIZEN OF V	1 TYES 2 NO WHAT COUNTRY?
5-0020 nding physician. is the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 2 Y IF YES, GIVE WAR O World War	ES 2 1	IMED NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 X NO Spec	an, Puerto Rica	pecify Yee or No— n, etc.)	14. RACE	— American Indian, k, White, etc.
2121 lal or atte	COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION	16a, DE (G life.	CEDENT'S USUA tive kind of work of Do NOT use reth irefigh	one during r ed.)	TION nost of working	16b. KII	ID OF BUSINESS/IN	IDUSTRY	VIII. 0 C
YLAND of Yellow the hospital by the hospital of detached at once.	BE CON	17. FATHER'S NAME (First, Middle, Last)	Joseph A.	_			Ann	na Fo	e, Meiden Surname) rnella		
	5	190. INFORMANT'S NAME (Type/Print) Charles Bowers					end Number or Rural L Palace				. 21122
ALTIMORE, Jeath. Page 6 may be funeral director, page xaminer must be		20e. METHOD OF DISPOSITION 1		cemetery, cre	and date of dis matory or other pl State V	etera	ns Cem.	8/13	20c. LOCATION -		wn, State , Maryland
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760, ad within 24 hours completely filled in bil, cremation, or rer event, the media		23. PART I. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Drug	um c	DUENCE OF):	of Ca	ode of dying, su	ch aa cerdlec	or respiratory a	rrest,	Approximata interval Between Onset and Deat 2 HWS
P.O. BOX 68 th certificate be executed physician and I Hygiene prior to bur or other traumatik	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. CO Y OY O	AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A C	Misi	the	iency				
RECORE requires that the signed by of Health and shows any in	MEDICAL C	PART II. Other significent condition	na contributing to deet	h but not r	eaulting in the	underlyl	ng ceuse given in		PERFORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 YES 2 NO
F VITAL ISICIAN: The law certificate has both the State Dept. J. or Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			IER:	PLACE OF DEATH (C				,
OF V PHYSICIA this certif with the ked, or	BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye.	RY er)	28b. TIME OF INJURY	28c. IN W	me 5 Residence JURY AT ORK? YES 2 NO		BE HOW INJURY OF	CUREO	
ISIC TTENDI TTENDI TTOR: A after d	ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, etc. (:	URY — At ho Specify)	me, farm, street,	factory, offi	ce	28f. LOCATIO City or To	N (Street end Numbe wn, Stete)	or Rural R	oute Number,
DIV PITAL OR A LIFTAL DIRECT IN 72 hours	COMPLE		SICIAN: To the best of my ki) and manner ee stated.
N. A.	O BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Harris	~	MD.		MD D	3571	29d. DA		(Month, Day, Year)
-		Jose ph 1	OCALLA H	DEATH (ITE	1 27) (Type, Print)						
		31. DATE AU GOTT 08 18 1992	J'EUTON PLANTING	marile 1							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



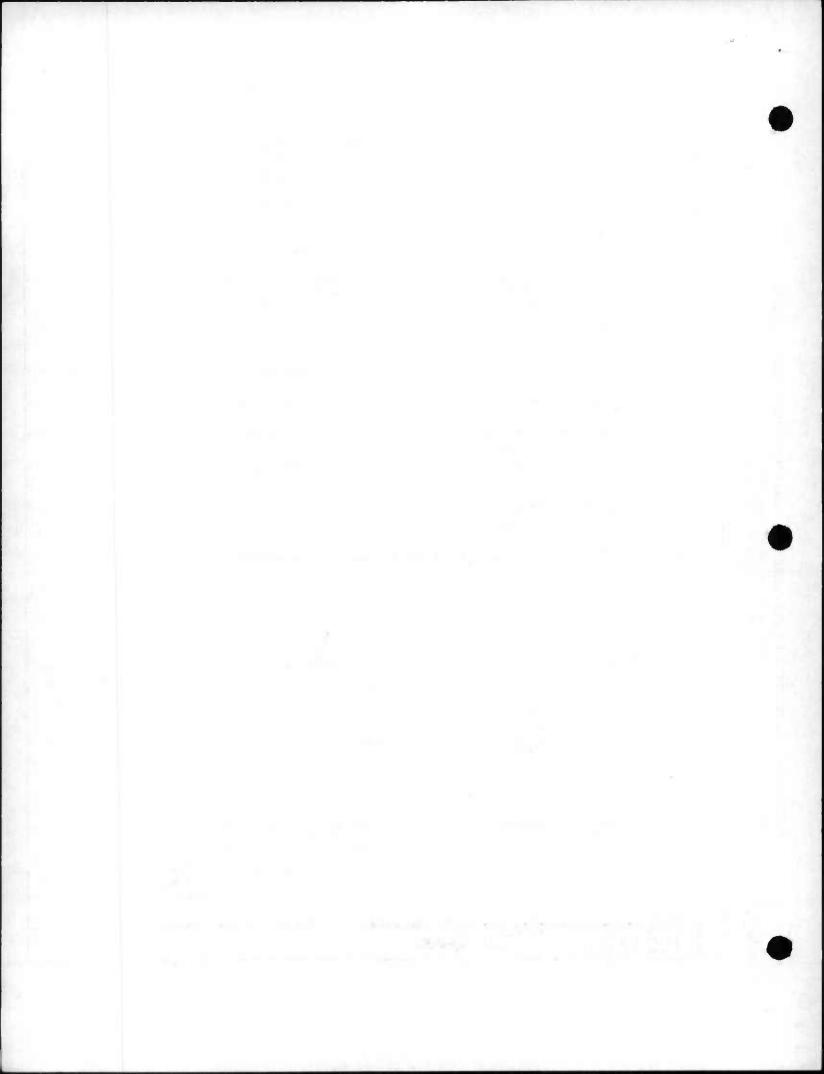
760, BALTIMORE, MARYLAND 21215-0020	TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE TREAT OFFICIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of the standing physician and completely filled in by the standing physician and completely filled in by the standing physician and completely filled in by the standard purpose and standard through a formation to removal	INFORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEAL		NTAL HYGIENE REG. NO.		
,	1. DECEDENT'S NAME (First, Middle, Last)	P	15 TIOR	in	2	DATE OF DEATH	16-9	2. TIME OF GRATH/O
	4. SOCIAL SECURITY NUMBER 214 26 3355 9e. FACILITY NAME (If not institution, give s	1 /2 x 2 □ F 64	YRS. MON		RS MIN.	DATE OF BIRTH (Month, Day, Year) 4/26/28	Coo	THPLACE State of Foreign
HOL	Baltimore Count			Randalls				County
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TO	altimore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 3112 Virs	ginia Avenue		101. ZIP (21215		U.S.A	F WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		uban, Mexican, I	ORIGIN? (Specify Yea Puarto Rican, etc.)	BI	ACE — American Indian, ack, White, atc. secily: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S USU (Give kind of work life. Do NOT use red Produce	done during most of w		Grocery		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Joseph Pisto	rio		16. [Kathl	(First, Middle, Malden S Leen	Surname)	
0	19a. INFORMANT'S NAME (Type/Print) Ruth L. Pist(20a. METHOD OF DISPOSITION		- 7777	Virginia	Avenue			yland 21215
	1 Burlet 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) LT 21. SIGNATURE OF FUNERAL SERVICE LIC	ntombment H	loly Redeer	ner place) ner 22. NAME AND AD	DRESS OF FACIL	8/20 Bal	timore	Maryland
-	23. PART I. Enter the diseases, or	Surger A	the death. Do not					aryland 21211
	ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. IDCOPA DUE TO (OR AS A	ach line.			•		Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с.	CONSEQUENCE OF):					
	PART II. Other algolificant condition	d	out not resulting in t	he underlying cau	se given in Pr	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL								1 YES 2 NO
VSIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp		26. PLACE THER: Nursing Home 5	Pasidenca 5		4	
ВУ РН	27. MANNEB-OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	M 1 YES		28d. DESCRIBE HOW II	NJURY OCCURED	
	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, stree clly)	it, factory, office	2	28f. LOCATION (Street a City or Town, State)	and Number or Rui	rel Route Number,
COMPLETED	CONTROL DINY	SICIAN: To the best of my know ER: On the beals of examination						se(a) and manner as stated.
TO BE	30. NAME AND ADDRESS OF PERSON WE	and I	MD		D 195	ER TOQ	≥ Sign	NED (Month, Day, Year)
	OPLANDO Be 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	KUD		PAX	DAllsto	was "	uf. 21133
	AUG 1 8 1992	Julia Davidson I	andelle		<u></u>			DMMI 48 Day 1/80

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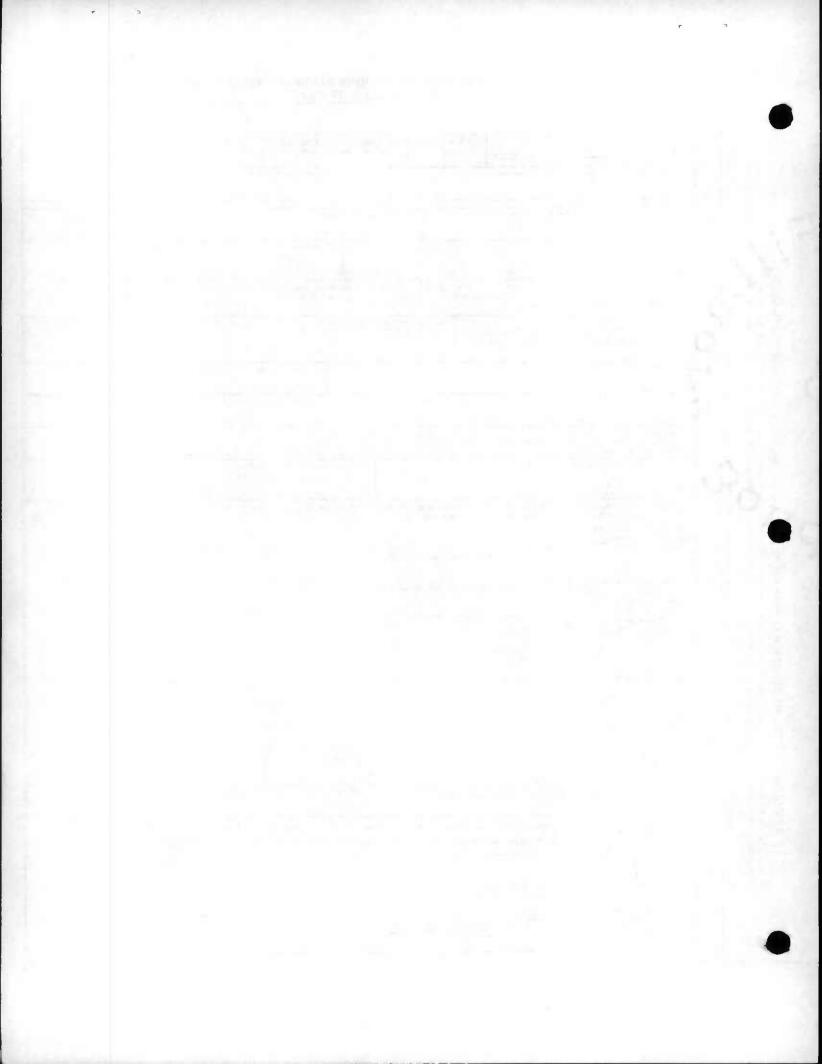
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DIVISION OF VITAL RECORDS, P.O. BOX	
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	Roy		- 1	++	11 11 i ps		110	8 14		2	04:20											
	4. SOCIAL SECURITY NUMBER	5. SEX		(In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		ATE OF BIRTH fonth, Day, Year)	8.	Country	PLACE (State or Fore											
	408-66-4484 9a. FACILITY NAME (If not institution	1 M 2		51 YRS.	OL OUTY TOWN	27.102.772.11.27		5/27/40	K	nox	wille, 1											
E	The second second		Der)			OR LOCATION OF	DEATH		9c. COUNTY		EATH											
5	1160 Nanticoke				Baltim				Balt	imo	ore											
DIRECTOR	MD 108. C	COUNTY			Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?											
	10e. STREET AND NUMBER			Ba	Ltimore	r. ZIP CODE			10a CITIZEI	N OF W	1 YES 2 N											
FUNERAL	1160 Nanticoke	Street				21230																
5	11. MARITAL STATUS	12. WAS DE	CEDENT EVER I	N U.S. ARMED		CENDENT OF HISP			or No - 14	, RACE	— American Indian											
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES,	GIVE WAR OR D	ATES X		S 2 NO Spec		rto Hican, etc.)		Specif	t, White, etc.											
0	15. DECEDENT			16a. DECEDENT'S	USUAL OCCUPATI	ON		16b. KIND OF BUS	SINESS/IND/ IS		hite											
	(Specify only highes Elementary/Secondary (0-12)	st grade completed) College (1-	4 or 5 +)		work done during me			TOOL RAIND OF BOX	3114233/114203	ini												
COMPL	7th			Securi	ty Guard	d		Manu	ıfactu	rin	α											
00	17. FATHER'S NAME (First, Middle, Li						AME (Fir	st, Middle, Malden														
BE	Rufus Phillips					Stell	a R	ichards														
2	19a. INFORMANT'S NAME (Type/Print Earl Phillips	M)			ADDRESS (Street																	
	20a. METHOD OF DISPOSITION		1 201	.PLACEAND DATE	nanticol	ke Stree																
	TK Buriel 2 Cremation 3 4 Donation 5 Other (Specify	Removal from St	ala cen	netery, crematory or c	ther place)		1		CATION City													
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	be fired within 72 hours grief beauti with the State Dept. of realist and wental hygiene prior to beind, chemistration, or enhance, and interpretable must be notified at once IMPORTANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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	REGISTHAR		CE	HILL	CALE OF	DEALU	REG.	NO.			
	1. DECEDENT'S NAME (First Middle, Lart) Valeria Eve	R. R.	aynor				2. DATE OF DEATH	DAY	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX						ugust 14, 1992			
	218 26 1903	1 M 22020F	6. AGE (In yrs. last I		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea Aug. 3	Country)			
	9a. FACILITY NAME (If not institution, give	street and number)		9	b. CITY, TOWN	R LOCATION OF			NTY OF DEATH		
DIRECTOR	629 Delaware A	ve.			Ess	ex	7.4	Baltimore			
E I	10a. STATE 10b. COUNT	Y		10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY		
		ltimore			Essex				1 YES 2 NO		
BY FUNERAL	629 Delaware	Ave.			101	21221		10g. CITI	ZEN OF WHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE V	TEVER IN U.S. ARM YES 2 NO	ED	II yes, sp	ENDENT OF HISPA ecify Cuban, Maxie 2 NO Spec	ANIC ORIGIN? (Specify can, Puarto Rican, etc. ify:	Yes or No-	14. RACE — American Indian, Black, White, atc. Specify: White		
	15. DECEDENT'S EDI (Specify only highest grad	CATION	16a. DECI	EDENT'S US	SUAL OCCUPATION	ON	16b, KIND OF	BUSINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5		NOT use i	k done during mo retired.) retary	st of working		State (Government		
N N	17. FATHER'S NAME (First, Middle, Last)			-001	coary				overnment		
BE CC		Malcom	Doty			Moll:	AME (First, Middle, Mei Lge Hild	,	ins		
10	19a. INFORMANT'S NAME (Type/Print) Laurie Raynor,	Daughter	196.	MAILING AL	DORESS (Street a	nd Number or Rure	Apt. B		code) Co., MD 21221		
	20a. METHOD OF DISPOSITION 3 Burlet 2 Cremation 3 Ren		20b. PLACE AN	DATEOF	DISPOSITION (Ne	me of	OATE 20c	LOCATION -	City or Town, State		
	4 Donation 8 Other (Specify)		Dulan	ey va			dens 8/17/		owson, MD.		
	21. SIGNAPOTE OF EUNERAL SERVICE LI	CENSEE	1	/			uneral Ho				
4	Mun Z	miza	genna	-	1407	Eastern	Ave. Ba	lto.,	MD 21221		
TION	23. PART I. Enter the diseases, pr complications and coused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feliure. List only one couse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or As A Consequence of): Due To (or As A Consequence of): Due To (or As A Consequence of):										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST										
		u									
MEDICAL	PART II. Other significent condition	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
Z											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		10	26. PL	ACE OF DEATH (C	heck only one)				
YS	1 YES 2 NO		ER/Outpatient 3			5 Residence	8 Other (Specify)				
ву Рн	27. MANNER OF DEATH 1. Netural 5 Pending 2 Accident Investigation	28a. DATE OF	by, Year)	28b. TIME (INJUR	Y WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HO	W INJURY OCC	CURED		
0	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE Coulding,	F INJURY — At home etc. (Specify)	, larm, stre	et, factory, office		281. LOCATION (Str. City or Town, St	net and Number ate)	or Rurel Route Number,		
COMPLET	(Check only CERTIFYING PHYS								ed. e ceuse(s) and manner es stated.		
BE	296. SHINATURE AND TITLE OF CERTIFIE		nelle	Lu	~	29c. LICENSE NU			E SIGNED (Month, Oply, Year)		
임	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAU	SE OF DEATHUILM	(Type, Pr	int)	AN P	05 6	1 S.C. A	CC AUG 21775		
	31. DATE FILED (Mogate, Day, Veer)	32. REGISTRA	R'S SREWATURE	1	J/C 1	0	7 10	176-00	1761102 0100		
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3. TIME OF DEATH

02:15 AM

10d. INSIDE CITY

WHITE

Approximats

Interval Between

4 months

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

Onset and Death

1 TYES 2 1 NO

2. DATE OF DEATH

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BOX 68760, P.O. DIVISION OF VITAL RECORDS,

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FOR STATE REGISTRAR

IRENE

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

V ENIA

1 -

6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTNPLACE (State or Foreign Country) DAYS 1 M 2 F HOURS 78 212-40-0778 03 28 1914 PENNSYLVANIA Pages 1, 2, 3 should 9a, FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNTE A.A. COUNTY RESIDENCE OF DECEDENT DIRECT 10c. CITY, TOWN OR LOCATION MD ANNE ARUNDEL GLEN BURNIE permit. 10e STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? burial-transit 300 JOHNSON FARM LANE 21061 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE -- American Indian, Black, White, etc. if yes, specify Cuben, Mexican, Puerto Ric 1 ☐ YES 2 ☐ NO Specify: 1 Never Married 2 X Merried IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced use as the 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) UNKNOWN UNKNOWN HOMEMAKER OWN HOME once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surname) GEORGE POPER CLARA HOFFMAN notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) WILLIAM G. SETZER 300 JOHNSON FARM LANE, GLEN BURNIE, MD 21061 3 29a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must the attending physician and completely filled in by the funeral director, I Mental Hygiene prior to burlal, cremation, or removal. 4 Donation 5 C Other (Specify) FAITH CEMETERY 18-19 OVERLEA. MD medical examiner 21. SIGNATURE OF FUNERA 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME hoto 1 SECOND AVE. S.W. GLEN BURNIE. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disesse or condition Kenal OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by t Health and Sepsis shows any 1 - YES 200 NO has been a PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) this certificate his with the State Cirked, or Hem HOSPITAL: 1 VES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 28 is marked, Notural
Accident 8 Pending 1 YES 2 NO DIRECTOR: After the hours after death v BY 28e. PLACE OF INJURY -- At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29e. CERTIFIER 1/A CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the cause(e) end manner es steted. 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end menner ea stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) The E Tadget MD mPH

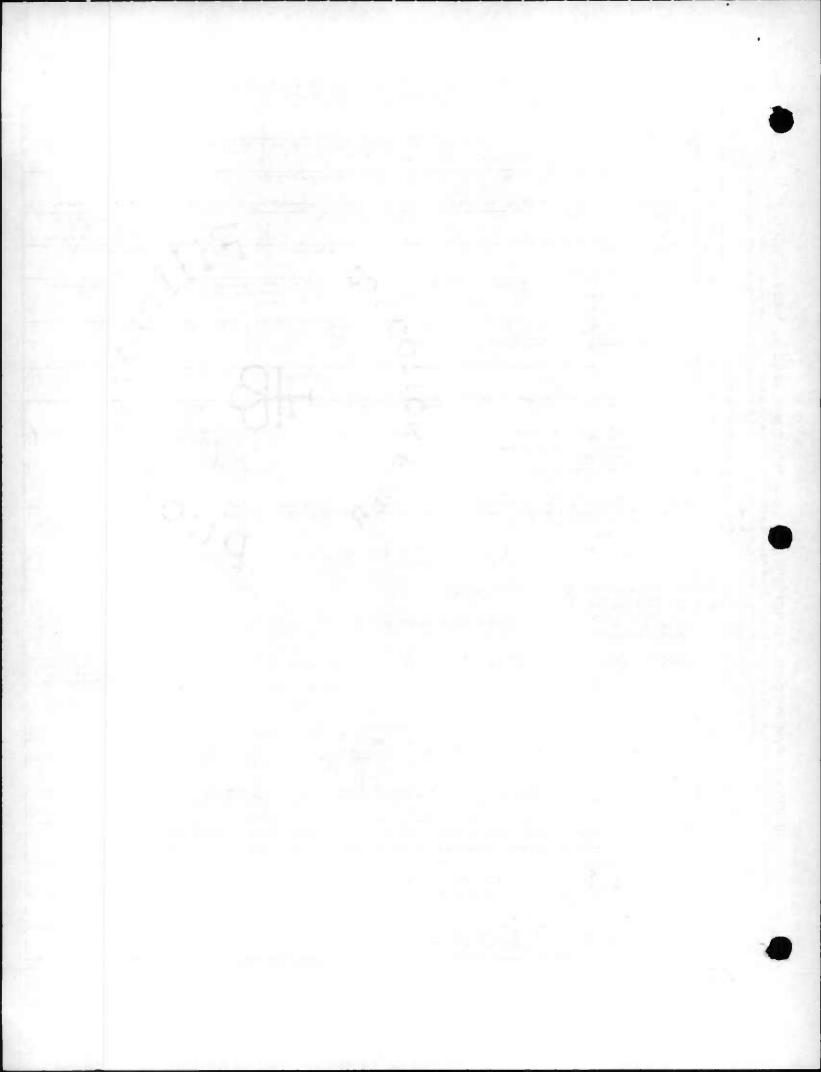
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 2 NEIL E. PADGETT, M.D./7706 QUARTERFIELD ROAD/GLEN BURNIE, MARYLAND 21061 ALIG 18 1992 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

SETZER

DHMN-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

JE VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	WPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECOR	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health an	IMPORTANT: if item 28 is marked, or item 23 shows any	

FOR STATE REGISTRAR		STATE OF I	MARYL	AND / DEPAI					MENTAI		E	92	2	282	3
1. DECEDENT'S NAME (First, Mid	idle, Last)			CERTIF	ICATE	E OF	DEA	IH	2. DATE	REG. NO			I a Tu	ME OF DEATI	
RAY	R	USSELL		R	EESE	, SR			08NTH	15	AY	9 YEAR		15 AM	
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER		IF UNDE		7. DATE	OF BIRTH		8. BIRT	HPLACI	E (State or For	eign
234.64.2006		1 □XM 2 □ F	51	YRS.	MONTHS	DAYS	HOURS	MIN.	10-2	7-40		MOR(TOWN, W	J.V
9a. FACILITY NAME (If not institu					100		R LOCAT		EATH			NTY OF	DEATH		
NORTH ARUNDE		SPITAL A	SSOC:	IATION	G	LEN	BURN	IE				A.A.	CC	UNTY	
RESIDENCE OF DECED	b. COUNTY		-	10c, CI	ry, town o	OR LOCAT	ION						104	INSIDE CITY	-
MARYLAND	ANNE	ARUNDEL	CO.		SADE									INSIDE CITY LIMITS? YES 2 X	NO
10e. STREET AND NUMBER				11	TOTTO		. ZIP COD	E			10g. CIT	IZEN OF		COUNTRY?	10
7830 OUTING	AVE	NUE				2	21122					S.A			
11. MARITAL STATUS 1 Never Married 2 Mai 3 Widowed 4 Divorced		12. WAS DECEDER FORCES? IF YES, GIVE V 1958-19	YES NAR OR DA	U.S. ARMED 2 NO ATES		If yes, sp	ENDENT Cube	nn, Mexic	in, Puerto f	? (Specify Yes			E Ar	nerican India a, etc. WHITE	
15. DECEDE (Specify only hig	NT'S EDUC	CATION completed)		16a. DECEDENT'S	USUAL O	CCUPATIO	ON and work	'na	16b.	KIND OF BU	SINESS/INI	DUSTRY			
Elementary/Secondary (0-12) 12 th		College (1-4 or 5 NONE	+)	(Give kind of life. Do NOT L				ng	A	MERICA	N NA	T'1	CAN	COMP	'AN'
17. FATHER'S NAME (First, Middle	e, Lest)						18. MOT	HER'S NA		fiddle, Malden					
RUSSELL I.	REE	SE						NEI	LIE	M. SH	IAY				
19a. INFORMANT'S NAME (Type/		1 - 4 1	3							er, City or Tow		,			
IDA J. REE			-11	7830	OUT	ING	AVE	PASA	DENA	, MARY	LAND	211	.22		
20e METHOD OF DISPOSITION 1 Seurial 2 Cremation 4 Donation 8 Other (Spr	3 Reme		20b	PLACE AND DATE elery, cremetory or the ARYLAND	VETE	RANS	CEM	ETER	Y8-1	20c. LO CRC	WNSV	ILLE	. M	ARYLA	ND
21. SIGNATURE OF FUNERAL SE	Shirt Lice	the	18		22.	NAME A	OND	SS OF FA	CILITY	SINGLE GLEN	TON	FIIME	DAT	HOME	
23. PART I. Enter the disease or condition resulting in death)	t fallure.	List only one car	JSE ON E	ach line.									1	Approxima Interval Ba Onset and	twee
Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury	le I	c	(OH AS A	CONSEQUENCE C)F):	-d	/	<u></u>	ver						
that initiated events resulting in death) LAST	L	d	(UR AS A	CONSEQUENCE C	rr):										
PART II. Other significant	condition	s contributing to	death b	ut not resulting	In the ur	derlyln) ceuse	given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	241	COMP DF DE	AUTOPSY FINABLE PRIOR T LETION DF C EATH?	AUSE
25. WAS CASE REFERRED TO MI	EDICAL	HOSPITAL:	HUV		OTHE		ACE OF E	EATH (C/	eck only on	p)					

29a. CERTIFIER

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

8/15/92 29c. LICENSE NUMBER

28b. TIME OF INJURY

28c. INJURY AT WORK?

1 YES 2 NO

28d. DESCRIBE HOW INJURY OCCURED

7938

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AQUAHART RD. #203/GLEN BURNIE, MARYLAND 21061 GORBATY, M.D./795 MAYER

AUG 18 1992

6 Could not be determined

27. MANNER OF DEATH

Natural
2 Accident
3 Suicide

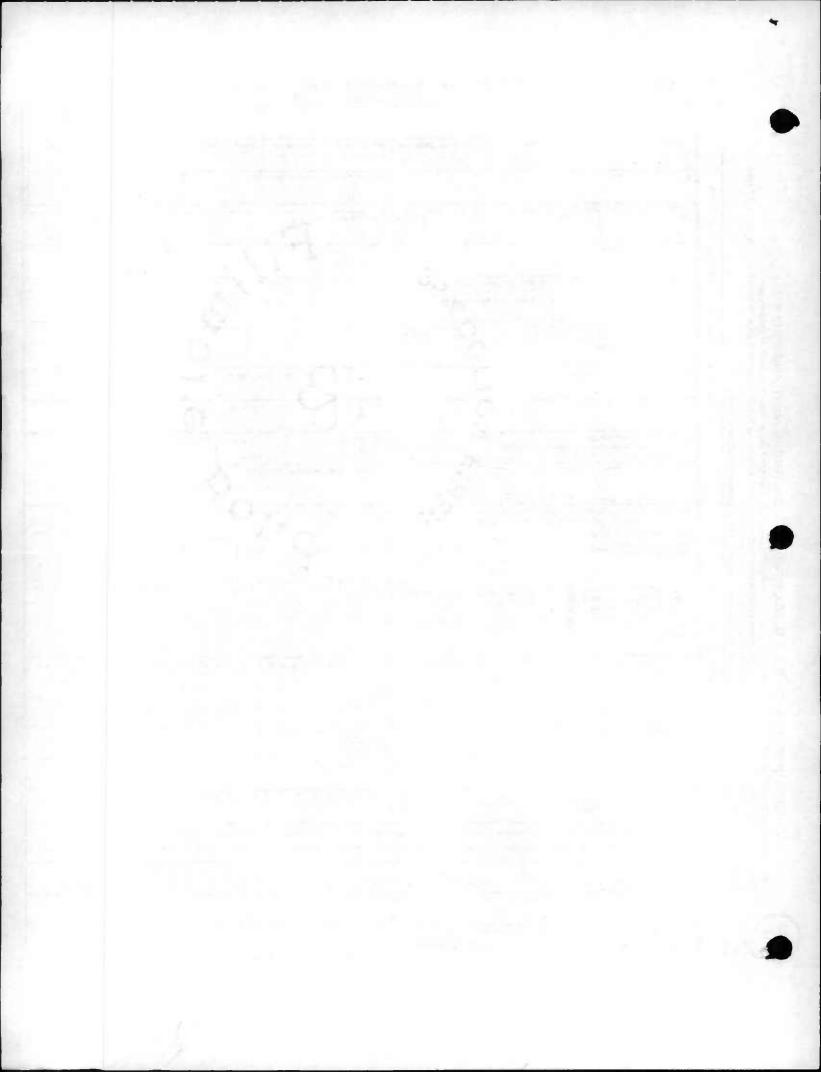
4 Homicide

32. REGISTRAR'S SIGNATURE lia Davidson



2

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

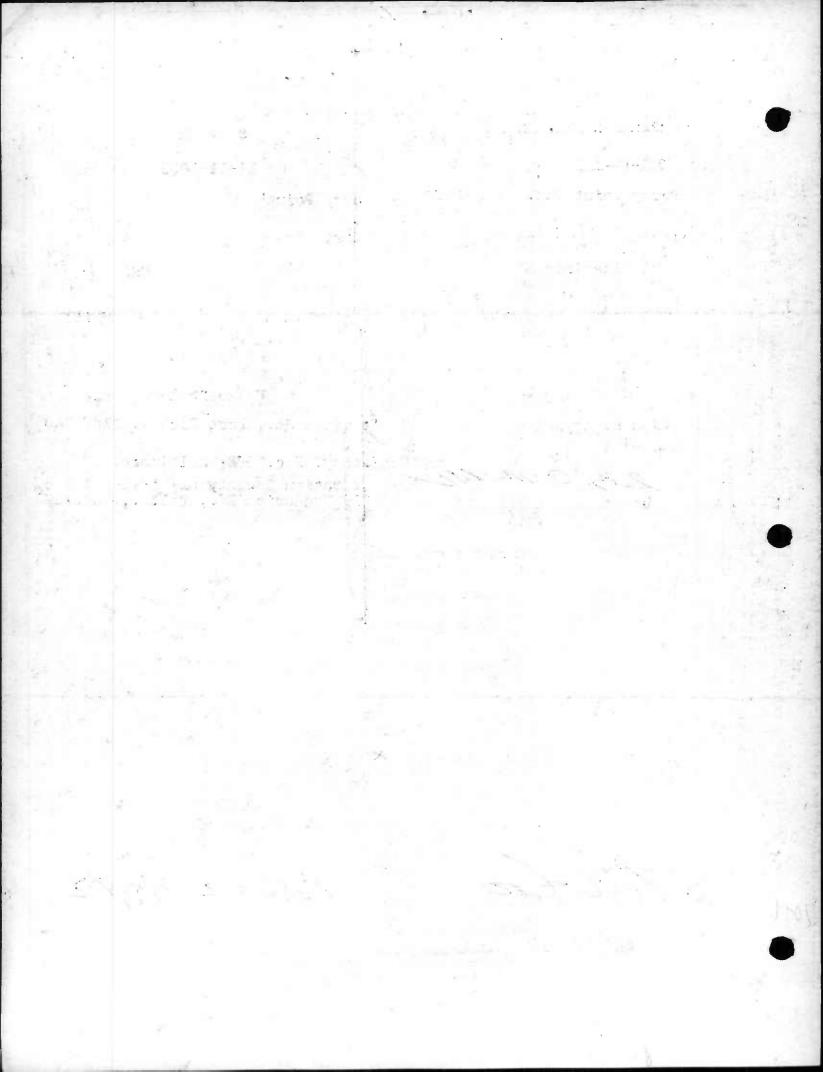


TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached val.	The Forecast, Directions, after this certified his been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2* nours after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 state	STATE OF N	MARYLAN	D / DEPAI	RTMEN	T OF H	IFAITH	ÁND I	MENTAL I	HYGIENI		92	22821
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) Thomas C. REVN	THOMAS		CERTIF ARLES	ICAT	E OF	DEA	TH		REG. NO.	γ	YEAR U2	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 10114-4219	5. SEX 1 M 2 F	6. AGE (In yrs	s. lest birthday) YRS.	IF UNDER	DAYS	IF UNDER	R 24 HRS. MIN.	7. DATE OF (Month, D	BIRTH ay, Yoar)		Country	,
TOR	90. FACILITY NAME (If not institution, give see Perry Point V					y, town o		ion of DE	11-1 ATH	1-19	9c. COU	New of DE	- '''
. DIRECTOR	100. STATE 10b. COUNT Florida P.	asco		10c, CIT		or Locat Port		che	у				10d. INSIDE CITY LIMITS? LIXIXYES 2 \(\square\) NO
FUNERAL	10.0. STREET AND NUMBER 6824 Altavist		_					4668				USA	HAT COUNTRY?
B	1 Narital Status 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 17 IF YES, GIVE W	XXYES 2	□ NO		If yes, spe	ecify Cube	OF HISPAN en, Mexicar Specify.	IC ORIGIN? (S n, Puerto Rica	ipecify Yee n, etc.)	or No—	14. RACE Black, Specify	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 12th	JCATION a completed) College (1-4 or 8+	·)	Give kind of life. Do NOT us	work done se retired.)	during mos	ON st of working	ng		of Busi			ounty
BE COM	17. FATHER'S NAME (First, Middle, Last) Frank Rey	nolds		TTIME	Nee.	ber	1a. MOT		ME (First, Midd Helen	lle, Maiden S	Sumeme)		uncy
TO BI	190. INFORMANT'S NAME (Type/Print) Louise H. Reyn			196. MAILING 6842	Alt.	s (Street at	nd Number Sta	r or Rural A	loute Number,	City or Town.	State, Zic	Codel	la. 3466
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 M Cremetion 3 □ Removal from State 4 □ Donation a □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) Metro Crematory. In								8-18	Ba1	tim	City or Tow	MD
	21. SIGNATURE OF FUNERAL SERVICE TO ENSEE 22. NAME AND ADDRESS OF FACILITY Cremation Society of Mary George E. MacNabb 299 Frederick Rd., Balto									0.,	nd, Inc. MD 21228		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between											Approximata interval Between Onset and Daeth	
ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
MEDICAL CE	T YES 2 NO OF DEATH?										MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER:												
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF II (Month, Da)	ly, Yber)		E OF URY M	28c. INJU WOR 1 V	JRY AT RK? ES 2		28d. DESCRIE		JURY OCC	CURED	
LETED	3 Suicide 8 Could not be determined		нс. (эреспу)						261. LOCATIO City or To	wri, State)			ite Number,
COMPL	(Check only one) 2 MEDICAL EXAMINER		ny knowledge, amination end/	death occurre for investigation	n, in my o	ime, date e	and place, oth occur	end due to	o fhe cause(s) end menne place, end	er ee state due to the	ed, e Cause(e) s	and menner ee stated.
B	296. SIGHATURE WID TITLE OF CERTIFIER	15	>				29c/LICE	NSE NUME	BER 7	> 1	29d. DATE	SIGNED (A	Mogth, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, News) 8 1992 32. REGISTRAR'S SIGNATURE Julia Davidson-Randelle



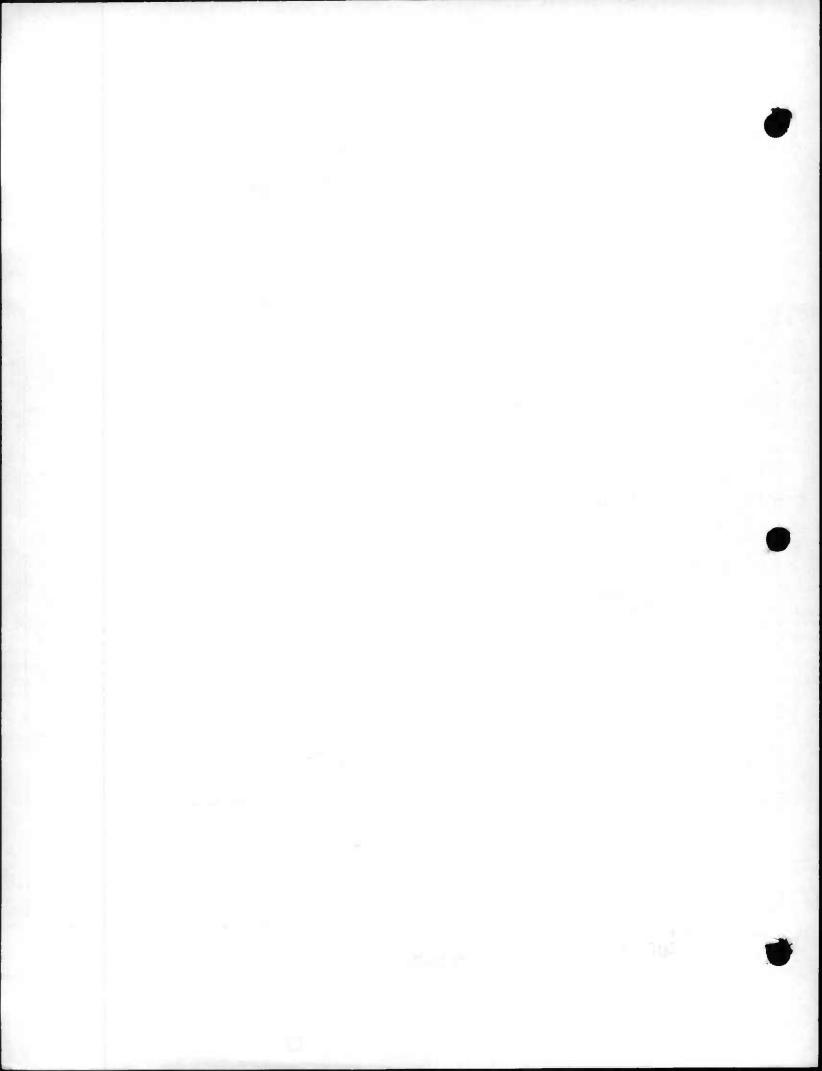
HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH

	1 - STATE REGISTRAR	ERTIF	ICATE OF	DEAT	אוט א הו	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		TOATE OF	DLA		2. DATE OF DEATH		YEAR	3. TIME OF DEATH
	ROBERT LEE STALLINGS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. 1)	food blitth do d				8-15-92			М
	212-36-6210 1× M2 = 50	YRS.	MONTHS DAYS	HOURE	MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-5-19	41	8. BIRTHP Country,	N.C.
	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATIO	ON OF DE			INTY OF DE	
DIRECTOR	1825 PENROSE AVE.		BAL	TIMO	RE				
SEC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
	MD	ВА	LTIMOR	E					LIMITS?
FUNERAL	1825 PENROSE AVE.		10	212			-	ISA	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMED NO	If yes, sp	ENDENT O	F HISPANI n, Mexican Specify:	IC ORIGIN? (Specify Yes o, Puerto Rican, atc.)	of No-	Black,	- American Indian, White, atc.
COMPLETED	(Specify only highest grade completed)	DECEDENT'S Give kind of vite. Do NOT us	USUAL OCCUPATION work done during mose retired.)	ON st of workin	a	16b. KIND OF BUS	INESS/IN		
BE CON	17. FATHER'S NAME (First, Middle, Lest) MAJOR STALLINGS				PEA!	RL SAUNDE			1
0	100. INFORMANT'S NAME (Type/Print) CHRISTA STALLINGS	9b. MAILING				oute Number, City or Town			
		1825			VE.		4D	2122	
-	20s METHOD OF DISPOSITION Y□ Surial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) □ Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	remain propried	OF DISPOSITION (No	EMET	ERY		ALTO.	City or Tow	n, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		MARCI	H FU	NER	AL HOME - AVE. BAL	- WES	T	01015
	23. PART i. Enter the diseases, or complications that caused the dahock, or heart failure. List only one cause on each lin	leath. Do n	not enter the mo	de of dyi	ng, auch	as cerdlec or reapir	atory an	reet,	21215 Approximata
	iMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. Dilation	0:	Diamy.	29	1	/			Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	EQUENCE OF	(A)	nery		osts o	D se	L(R	12 XOD
	d.	1							
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to death but not	resulting i		cause g	Iven in F	Part I. 24a, WAS AN / PERFORI	MED?	0	VERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES: 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DE	ATH (Chec	ok only one)			
IXS	YES 2 NO 1 Inputant 2 ER/Outputlent	_	OTHER:	5 Res	idence 8	Other (Specify)			
	Natural 5 Pending (Month, Day, Year)	28b. TIMI INJ	URY WO	JRY AT RK? ES 2		28d. DESCRIBE HOW IN	JURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At h building, stc. (Specify)	ome, farm, s				28f. LOCATION (Street ar City or Town, State)	nd Number	or Rural Roo	ute Number,
COMPLETED	29e. CERTIFIER Check only One) CERTIFYING PHYSICIAN: To the bast of axerelination and/or	eath occurre	od at the time, data	and place,	and due to	o the cause(a) and many	ner se stat	ied,	and manner on stated
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICE					fonth, Dey, Year)
2	30. NAME AND ADDRESS OF PERSON WITH COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type,	-astel	n 1	erf	. Batt.	ms) 2	1224
	AUGIA 8 1992 June Davido Daniel	R							

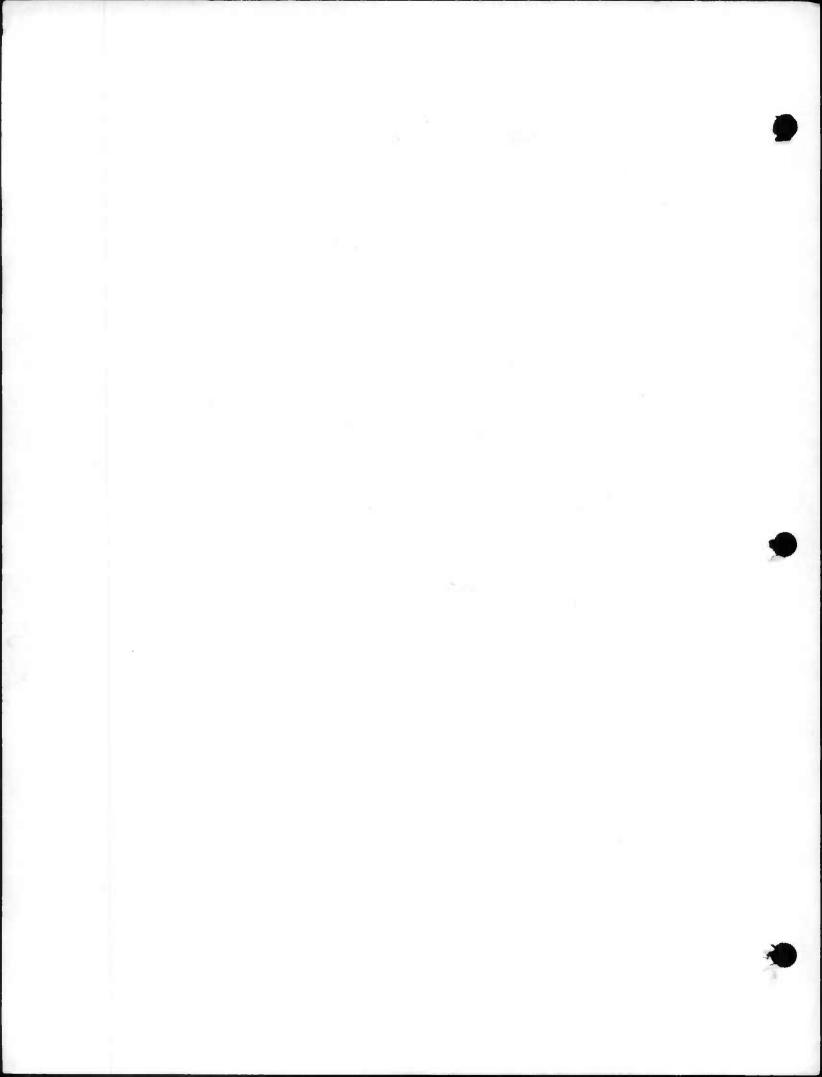


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	REGISTRAR				CERT	IFICAT	ΕO	F DEATH	T	REG. NO.		-	
ľ	1. DECEDENT'S NAME (First,		Vilma	Tagon	hine	C-4+1				ATE OF DEATH ONTH DA		YEAR 92	3. TIME OF CEATH SS
	4. SOCIAL SECURITY NUMB		5. SEX		yrs. last birtho		ER 1 YEA	R IF UNDER 24 HRS.	7. 0	ATE OF BIRTH			IPLACE (State or Foreign
	214-22-7189		1 🗆 M 2 😿 F		65 YR		_		0	Horsth, Day, Year) 3.18-27		Count	myland
	9e. FACILITY NAME (If not in:		treet and number)			9b. CI	TY, TOW	N OR LOCATION OF I	_		9c. COU	NTY OF C	
HC	Masonic Ho	me					Ba	ltimore				Balt	timore
5	RESIDENCE OF DEC	10b, COUNTY	,		100	CITY, TOWI	10010	CATION					10d. INSIDE CITY
DIRECTOR	Maryland	History and the	rford		100.		1 A						LIMITS?
	10e. STREET AND NUMBER	116	illold			De	T	10f. ZIP CODE			10g, CIT	IZEN OF	WNAT COUNTRY?
FUNERAL	407 Linwood	Ave.						21014	ı		11.	s.	Α .
Š	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	.S. ARMED	1		ECENOENT OF HISP	ANIC OI			14, RAC	E - American Indian,
	1 Never Married 2 X		FORCES? 1 IF YES, GIVE W					epecify Cuben, Mexic ES 2 X NO Spec		erto Rican, etc.)		Spec	
BY	3 Widowed 4 Divo		<u> </u>										White
E	(Specify only	EDENT'S EDU y highest grade	completed)		(Give kin	NT'S USUAL d of work doi OT use retired	e during	MOST of working		16b. KIND OF BUS	HNESS/INI	DUSTRY	
2	Elementary/Secondary (0 NA	1-12)	College (1-4 or 5 + NA	•)		creta				Radio	Con	กกลกง	7
COMPLET	17. FATHER'S NAME (First, M.	liddle, Last)	1/21					16. MOTHER'S N	IAME (F	irst, Middle, Maiden		ap arr	
E	Stephen Rih	a						Franc	es	Munchna			
8	190, INFORMANT'S NAME (7)	Type/Print)			19b. MAI	LING ADDRI	SS (Stre	et and Number or Rura	l Route	Number, City or Town	n, State, Zi	p Code)	
임	John M. Smi	th Jr.	(Husban	d)	407	Linw	rood	Ave., Be	1 A	ir, Md.	2101	L4	
	20a. METHOD OF DISPOSITI	ION on 3 🗆 Rem	oval from State	20b. P	LACE OF DI	SPOSITION	Name of	cemetery, cremetory of 1 Gardens	,				own, State
	4 Donation 5 Other	(Specify)		ве	I Alr						Air	, Ma	aryland
	21, SIGNATURE OF FUNERA	L SERVICE LI	NNA	2 1			Sch	imunek Fu	ner	al Home			
	ham	MA	yxuvy	1				5 Belair					
	23. PART i. Enter the di shock, or h	earl fallure.	Complications that List only one cau	t caused to	h line.	Do not en	er the	mode of dying, su	ich as	cardiac or respi	ratory ar	Test,	Approximate Interval Between
	IMMEDIATE CAUSE (Fir disease or condition	nal		7	1		(A					Onset and Deat
	resulting in death)	→	OUNE TO	OR AS LO	ONSEQUEN	06(0F): A		CA					
_		-	m	ter	t	0/5	~	CA					ļ
흔	Sequentially list conditi If any, leading to imme	diate	DUE TO	(OR AS A C	ONSEQUEN	CE OF):							Į.
S	cause. Enter UNDERLY		с										
E	that initiated events resulting in death) LAS	т	DUE 10	(OH AS A C	ONSEQUEN	CE OF):							İ
CERTIFICATION		-	d							, and			1
A	PART II. Other significa	ent condition	s contributing to	death but	not result	ling in the	underl	ying cause given	n Part	I. 24s. WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC										1 TYES 2	□ NO		OF CEATH?
R													1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T		Т					L PLACE OF DEATH (~				
2	EXAMINER?	O WEDICAL	HOSPITAL:	EDIO de est	1-m 2 0 0	ОТН	ER:						
¥	27. MANNER OF DEATH		1 Inpatient 2 28a. DATE OF	INJURY	T	. TIME OF	_	injury at	-	I. DESCRIBE HOW I	NJURY O	CURED	
		Pending Investigation	(Month, E	lery, Year)		INJURY	11	WORK? YES 2 NO					
D BY	0 0 0 1 1 1 1	Could not be	28e. PLACE C	F INJURY —	- At home, f	erm, street,	actory, o	office	281	LOCATION (Street of City or Town, State)	and Numbe	er or Rural	Route Number,
TED	4 Homicide	determined		, , , , , ,	<i>'</i>								
PLE	(Oracon bray —	TIFYING PHYS	ICIAN: To the best of	my knowled	Spe, death)	coursed at th	e time,	date and place, and d	ue to ti	ne cause(e) and ma	nner as st	ated.	
COMPLET	one)	HCAL EXAMIN	ER: On the basic of e	samiphition i	and/or Infeet	Igation; to a	y opinio	n, death occured at t	he time	, date and place, ar	d due to	the cause	(e) and manner as stated.
BE C	29b. SIGNATURE AND TITLE	E OF CHINING	m.	0	11	1	ME	290-LICENSE N		ca	29d, DA	TE SIGN	6 (Month, Day, War)
2			/- /		И		ly	1)25	4	88		8/1	1/92
	30. NAME AND ADDRESS O	F PERSON WI	10 COMPLETEO CAU	SE OF OEAT	TH (ITEM 27)	(Type, Print)	/					/	/

32. REGISTRABIS SIGNATURE
JUNIA DRIVINGO PANDARE

31. DATE FILED (Moreth, Ope. Ser.) 1992

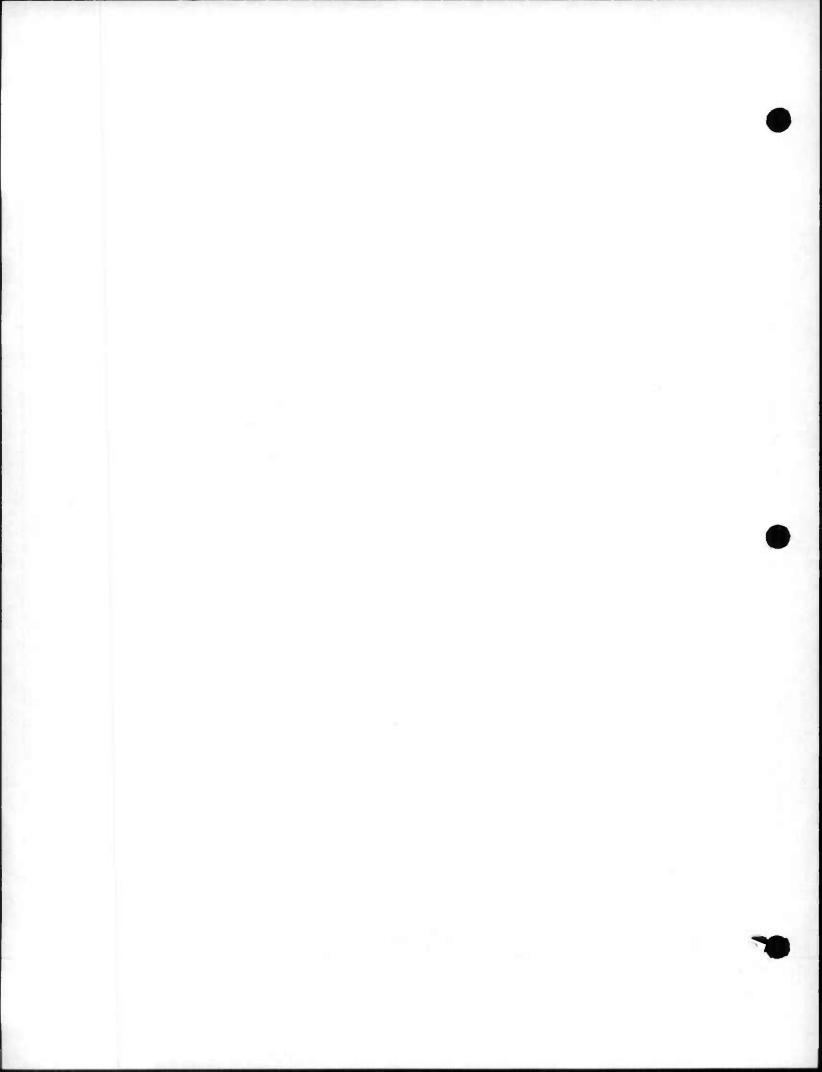


•	FOR STATE REGISTRAR
	1. DECEDENT'S NAM
Ì	Leda N
	4. SOCIAL SECURIT
1	250-36-5
ł	9e. FACILITY NAME
-	Francis
ľ	RESIDENCE OF
ı	10a. STATE
•	Maryland
ſ	10e. STREET AND N
	5134 Wi

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

9	2	2	2	8	2	00
	-	6 100	Emm	9	Long	1

	1. DECEDENT'S NAME (First,	Middle, Last)						- DEA		2. DATE OF	DEATH			3. TIME OF DEATH
	Leda Mae	Scarp	ulla							MONTH Aug. 1	DA	992	YEAR	9:33 A
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	. last birthday)	IF UNDER		IF UNDER	24 HRS,	7. DATE OF I	BIRTH		8. BIRTH	PLACE (State or Foreign
	250-36-5123		1 □ M 2XXF	66	YRS.	MONTHS	DAYS	HOURS	MIN.	May 1	3,19	26	Tenn	,
m	90. FACILITY NAME (If not interest Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientifi		,	-1 C4		9b. CITY		OR LOCATIO		ATH		9c. COU	NTY OF DE	EATH
DIRECTOR	RESIDENCE OF DEC		ey Medica	ar cent	er		Ba	ltimo	ore					
REC	Maryland	10b. COUNT	Υ		10c. CIT	Y, TOWN								10d. INSIDE CITY
						Bal	timo	re						XX YES 2 NO
FUNERAL	10e. STREET AND NUMBER	4 A===					- 10	or. ZIP CODE						HAT COUNTRY?
2	5134 Wrigh	L Ave	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13	WAS DE		L205	IC ORIGIN? (S	nanthi Yan		J. S.	A . — American Indian,
'n l	1 Never Married 2 XXX 3 Widowed 4 Divo		FORCES? 1	YES 2X	ΜNO		If yes, se	pecity Cube S 2 14NO	n, Mexicar Specify	n, Puerto Rica	n, etc.)	or No=	Black	White, etc.
9		EDENT'S EDU		16a.	DECEDENT'S (Give kind of	USUAL O	CCUPATI	ION lost of workin	a	16b. KIA	ND OF BUS	INESS/INC	DUSTRY	
LET	Elementary/Secondary (0		College (1-4 or 6	+)	Homes	se retired.)			•		Own I	Jama		
COMP	NA 17. FATHER'S NAME (First, Mi	cidio (net)	NA		Homei	uake1		40 11071		WE (First, Midd				
Ö	Wilbert Rol									Ball	ro, Mercien	Sumame)		
0 8	19a. INFORMANT'S NAME (7)									loute Number, (
F	John A. Sca	rpull.	a (Husbar	nd)	5134	Wrig	ght	Ave.,	Ba1	ltimor	e, Mo	1. 21	L205	
ı	20a. METHOD OF DISPOSITE X X Burlal 2 □ Cremetion	n 3 🗆 Rem	noval from State	20b. PLA	CE AND DATE	OF DISPOS	SITION (N	leme of		DATE	20c. LO	CATION -	City or Tox	vn, State
	4 Donation 5 Other		CENSEE -	Gar	dens d			Ceme		8/18	Bal	Ltimo	ore,	Md.
	Euge		f-	7	-[]					eral 1	Home			
	23. PART I. Enter the die		k- htel	Sus	h	3	3331	Breh	ms I	ane.	Ralti	more	Md.	21213
rion	disease or condition resulting in death) Sequentially list condition in any, is adding to immediately list any, is adding to immediately in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential	ona,	b	(OR AS A CON	SEOUENCE O	F):	my	o Coa	2					71092
CERTIFICATION	cause. Enter UNDERLYII CAUSE (Disease or injuit that initiated events resulting in death) LAST	ng ry	c. DUE TO	(OR AS A CON	SEOUENCE O	F):					-			
	DART II OIL - I - III		d											+
MEDICAL	PART II. Other algorifican	nt condition	na contributing to	death but no	ot reaulting	In the ur	nderlyin	ng cause g	ivan in i		PERFOR	MED?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	/		OTHER		LACE OF D	EATH (Che	ck only one)				
HYS	1 YES 2 NO		1 Inpatient 2 ft		3 DOA			ne 5 🗆 Re	sidence (6 Other (Sp		I II II II OO	CURED	
B	1 Natural 5 3 5	Pending Investigation	(Month, E		in.	M	1 🗌	YES 2	NO NO	26d. DESCRI				
ЕТЕР	4 Homicide	Could not be letermined	building,	etc. (Specify)	nome, term,	street, rect	ory, orn			261. LOCATIO City or To	wn, State)	nd Number	or Hural Ho	oute Number,
COMP			ICIAN: To the best of ER: On the basis of e											and manner se stated
TO RE O	290 SICHANUSE AND TILE	am	1-1					29c AICE	NSE NUM	BER		29d. DATI	E SIGNED	(Mpnth, Day, Year)
	Dr. Richard	dson,	Dundalk	Medic	al Cen	ter,	21.	12 Du	ndal	k Ave.	Ba1	.timo	re, l	Md.
	AUG T	3"1992	32. MEGISTRA	avidon-	Pendell									



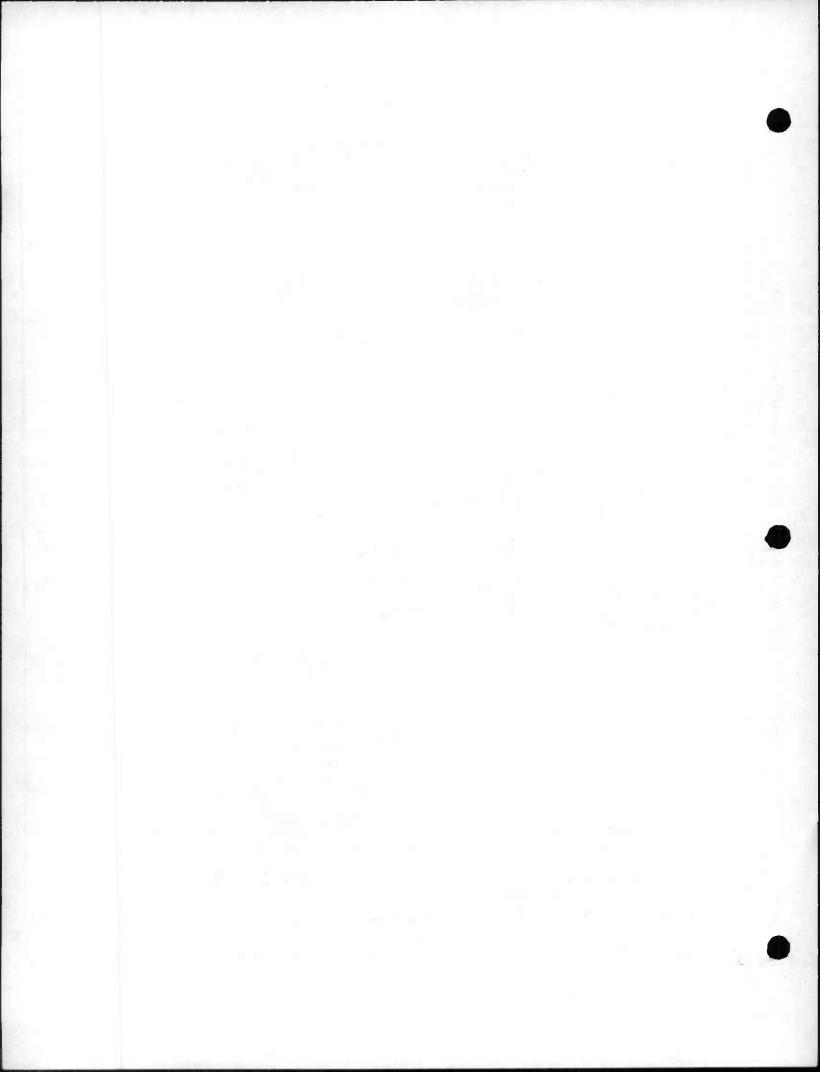
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- hours after death. Page 6 may be ratained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAI	HYGIENE REG. NO.	2 (22020
1. DECEDENT'S NAME (First, Middle, Last		ki, Pichar	đ J.		2. DATE MONTH	OF DEATH	YE	3. TIME OF DEATH 7:51 PM
4. SOCIAL SECURITY NUMBER 213-44-9785 9a. FACILITY NAME (If not institution, give	1 M 2 F 47	YRS.		IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	12-0	OF BIRTH 1, Day, Year) 19-1944	1 0	OF DEATH OURTHPLACE (State or Foreign ountry) 1timore, Md. OF DEATH
Union Memoria	al Hospital		Balti	more Cit	У		N/A	
Maryland N/A			timore					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 5507 Anthony Ave	nue			ZIP CODE			Og. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 7 YE' IF YES, GIVE WAR OR	3 2 NO	If yes, ap	ENDENT OF HISPA ecity Cuben, Maxico 2 X NO Specific	n, Puerto F	? (Specify Yes or Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EE (Specify only highest gra-	UCATION de completed) Collège (1-4 or 5+)	life. Do NOT use	rk done during mo retired.)	st of working		KIND OF BUSINE	ESS/INDUSTI	RY
8th Grade 17. FATHER'S NAME (First, Middle, Last)		Carpet Ir	stalle			erman W		ms
Stanley Syczurow	ski			Vivian		,	,	
19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural				
Vivian Syczurows								nd 21206
1XC Buriel 2 Cremation 3 Re	movel from State	b. PLACE AND DATE OF metery, cremetory or othe Ardens of	r placel Faith	med 'emetery	B/2	O Ralti	TION — City of	Marriand
21. SIGNATURE OF FUNERAL SERVICE I	h. hum	1	John (. Mille	cium L. In	c.		aryland 2120
23. PART I. Enter the diseases, or hock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. Liver DUE TO (OR AS	A CONSEQUENCE OF:	t enter the mo	de of dying, auc	h ss card	lac or respirate	ory arrest,	Approximate interval Between Onset and Deat 2 w/k
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	- Pri	A CONSEQUENCE OF):						
PART II. Other significent condition	ona contributing to death	but not resulting in	the underlying	g ceuse given in	Part I.	24s. WAS AN AUT PERFORMED 1 YES 2	D?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND AMAGE AND A
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one	9)		
EXAMINER?	1 mpatient 2 ER/Ou		THER:	6 - Realdence	6 🗆 Other	(Specify)		
27. MANNER OF DEATH R. Watural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	20b. TIME (RK?	26d. DEŞ	CRIBE HOW INJUI	RY OCCURE	0
3 Suicide 6 Could not be determined	26a. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, streedly)	eet, fectory, offic			ATION (Street and I or Town, State)	Number or Ru	rel Route Number,
	SICIAN: To the best of my kno							se(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI				29c. LICENSE NUI	ABER			NED (Month, Day, Year)
30 NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, P	rine)	Hosp, 2		- (/ni	PV	Ball Mc
31. DATE FILED (Month, Day, Year)	92. REGISTRAR'S SIG	NATURE and 122	7.00	(103)	4 / 6	1010	1/1	2(2

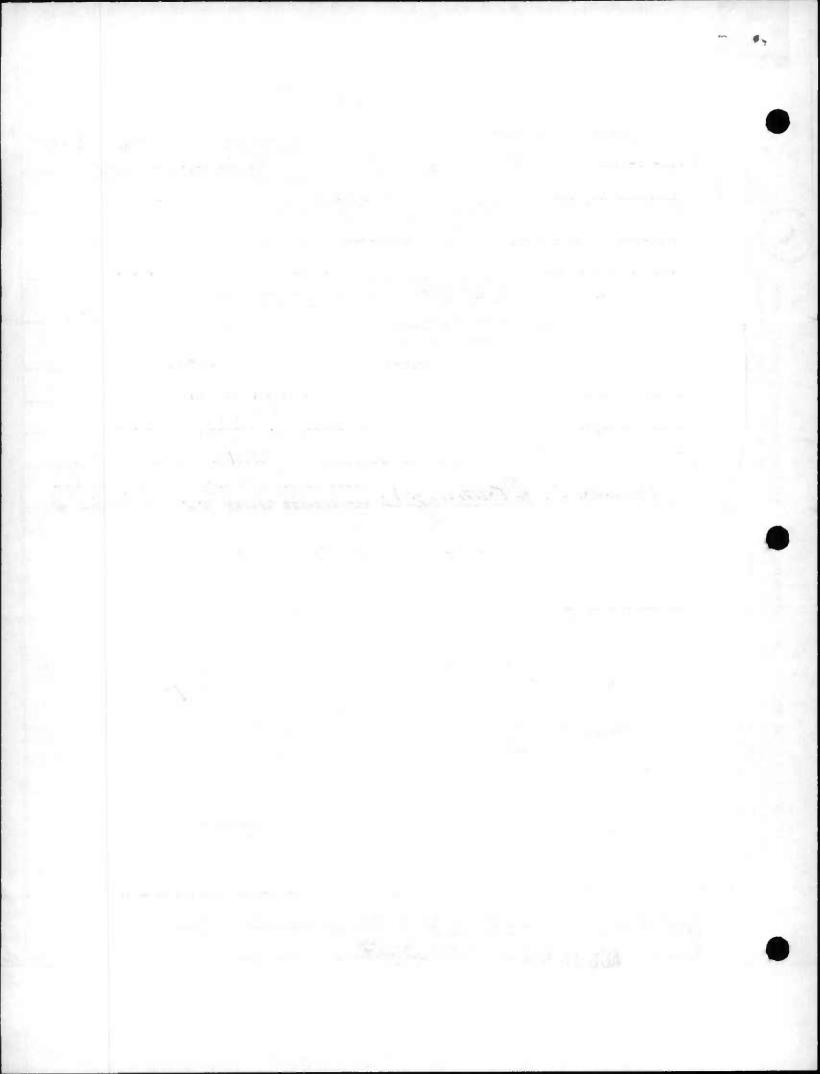


DHMH-16 Rev 1/89

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
RAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF H	EALTH A	ND MENT	AL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest) MARTY					MO		3 9	3. TIME OF DEATH 2 3-01 P M
	4. SOCIAL SECURITY NUMBER 112-05-8706 9a. FACILITY NAME (If not institution, give	1 M 2 D F	80 YRS. MO	UNDER 1 YEAR NTHE DAYS		MIN. Api	TE OF BIRTH onth, Day, Year)	1912 1 190, COUNTY	BIRTHPLACE (State or Foreign Country) CUSSIA
TOR	Suburban Hospita			Bethesd		OF BOXIII		134.47.27.14.12.1	gomery
FUNERAL DIRECTOR	10a. STATE 10b. COUH		Rocky	OWN OR LOCATI	ON				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
BAL	10a. STREET AND NUMBER 6121 Montrose Ro			101.	2IP CODE 0 8 5 2			10g. CITIZEN	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECE	HDENT OF	HISPANIC ORI Maxican, Puar Specify:	GIN? (Specify Yes to Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos			Self-	SINESS/INDUST	TRY
BE CON	17. FATHER'S NAME (First, Middle, Last) Aaron Shapiro				Sar	ah lui	i, Middle, Meiden iknown)	Surneme)	
10	192. INFORMANT'S HAME (Type/Print) Karen Stankord		4310 314	st Stre	et. N	It. Ra	inier, I	Md 20:	712
	20s. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Rer 4 ☐ Donation 6 ☐ Other (Specify)	moval from State	PLACE AND DATE OF D elery, crematory or other CRLAWN C	emetery		8/17	ATE 20c. LO	cation – chy ckuill(or Town, State 2, Maryland
200	21. SIGNATURE OF FUNERAL SERVICE L Conald 23. PART I. Enter the disease, or	ICENSEE		22 NAME AND	ADDRESS	OF E404 ITM			
CERTIFICATION		a. POSS IB LI DUE TO (OR AS A DUE TO (OR AS A	ech line.	ontor the moc	u or uying	, addit aa c	ardiac or reap	ratory arrest	, Approximata Interval Between Onset and Death
* AL	PART II. Other significant condition		ut not resulting in t	ne underlying	cause giv	en in Part I.	24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FIMOINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
A: MED							1 TYES 2	7-40	OF DEATH?
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp		26. PLJ THER: ☐ Hursing Home		TH (Check only			
BY PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Natural 6 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c, IHJU	RY AT	26d. C	ESCRIBE HOW I	HJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	t, factory, offica			OCATION (Street a ty or Town, State)	and Number or F	Rural Route Number,
COMPLETED		SICIAH: To the best of my knowl IER: On the basis of examination							ouse(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE (Toldwing) 30. NAME AND ADDRESS OF PERSON WI	an, mo			29c. LICEHS	6 552		≥ S	GNED (Month, Day, Year)
	0	32. REGISTRAR'S SIGH	MONTR	·	FP.	Reci	e lue	MD.	20852
	AUG 18	1992 / 1992	wilson Brodi	M					DH44H 46 Paul 4700

U



	REGISTRAR 1. DECEDENT'S NAME (First, Middle, La	est)	CERTIFIC	CATE OF DEA	2. DAT	REG. NO.	3. TIME OF DEATH
	LAWKENS	E 0/1	ACKH	045E	Mon	14	92 2,45
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	0 11	IF UNDER 1 YEAR IF UND HONTHS DAYS HOURS	MIN. (MO)	E OF BIRTH othy Day, Year)	8. BIRTHPLACE (State or Foreign
	9e. FACILITY NAME (If not institution, gi	7 7 - 0		96. CITY, TOWN DR LOCA	TION OF DEATH	9c con	INTY OF DEATH
PO.	Bon Secour.	s Hosp		Batto.	CITO	8	atto City
DIRECTOR	100. STATE 10b. COL	UNTY	10e. CITY,	TOWN DR LOCATION			10d. INSIDE CITY LIMITS?
750	MARYLAND			BALTIMOR			1 XYES 2 NO
BAL	100. STREET AND NUMBER 5104 NORWOOD	AVENIJE		10f. ZIP CC	1207	10g. CIT	USA
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER ! FDRCES? 1 YES		13. WAS DECENDENT	OF HISPANIC ORIG	IN? (Specify Yes or No-	14. RACE — American Indian, Black, White, atc.
BY F	1 Never Married 2 Merried 3 Widowed 4 X Divorced	IF YES, GIVE WAR OR D		1 TYES 2 THE	ben, Maxican, Puerto D Specify:	o Ricen, etc.)	Specify: BLACK
8	15. DECEDENT'S I		16a. DECEDENT'S U			bb. KIND OF BUSINESS/IN	
ш	(Specify only highest g	College (1-4 or 5+)	Me. Do NOT use	ork done during most of wor retired.)	nang		
COMPL	17. FATHER'S NAME (First, Middle, Last))		18. 840	OTHER'S NAME (First	, Middle, Malden Surname)	
BE C		?			,	IE McCLAI	N
10 B	19a. INFORMANT'S NAME (Type/Print)	TO				mber, City or Town, State, Zi	
-	BLANCHE HARR			NORWOOD .		LTIMORE,	MD 21207 City or Town, State
	1 Buriel 2 Cremation 3 F	Removal from State	other place)	STAR CEM			VILLE, MD
	21. SIGNATURE OF FUNERAL SERVICE		11	22 NAME AND ADD	DECC OF EACH ITY		
							TIME TACTUALL
	1 1200	LUHIR	11				
	23. PART 1: Enter the disease's, shock, or haert fallu	or complications that cause	ed the death. Do no	4600 L	IBERTY	HEIGHTS A	VENUE 21207
	shock, or haert fallu IMMEDIATE CAUSE (Final	or complications that cause are. List only one cause of	ed the death. Do no	4600 L	IBERTY	HEIGHTS A	VENUE 21207 Trest, Approximate interval Bets
	shock, or haert fallu	or complications that cause are. List only one cause on a	nd the death. Do no each line.	4600 L	IBERTY	HEIGHTS A	VENUE 21207 Trest, Approximate interval Bets
N.	shock, or haert fellu IMMEDIATE CAUSE (Final disease or condition reaulting in death)	or complications that cause on a second control of the cause of a second control of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of	and the death. Do no seeh line.	4600 L	IBERTY	HEIGHTS A	VENUE 21207 Trest, Approximate interval Bets
ATION	shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Oue To (on as	ad the death. Do no each line.	4600 L	IBERTY	HEIGHTS A	VENUE 21207 Trest, Approximate interval Bets
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COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. HEGISTRAR'S SIGNATURE

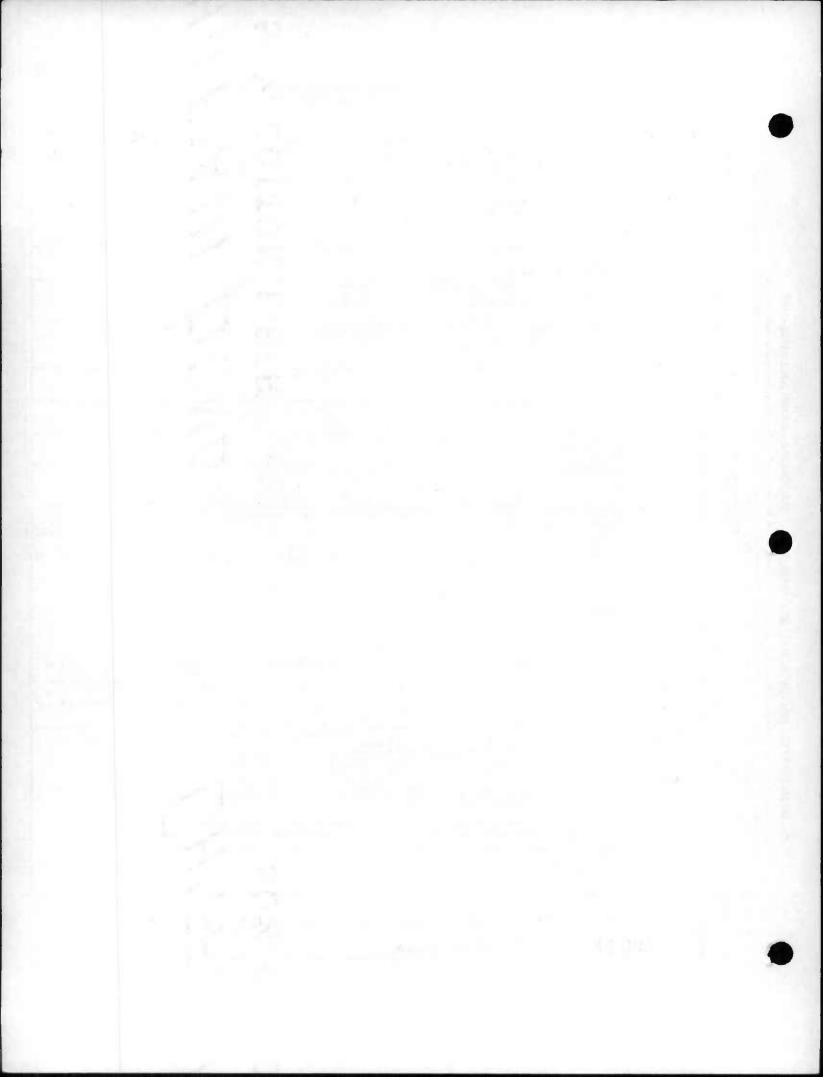
Fulia Davidson Randall

30. NAME AND ADDRESS OF PERSON

S A D A M G

31. DATE FILED (Month, Day, Year)

AUG 18 191



m.	ransit permit. Pages 1, 2, 3 should	
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	fled at once.
4 hours after death. Page 6 may be reta	illed in by the funeral director, page 5 st n. or removal.	sd, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e death certificate be executed within 24	TOR: After this certificate has been signed by the attending physician and completely filled in by the fur after death with the State Dept, of Health and Mental Hydlene prior to burial, cremation, or removal.	jury, or other traumatic event, th
PHYSICIAN: The law requires that the	this certificate has been signed by the with the State Dept. of Health and h	rked, or Item 23 shows any In-
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After 1 be filed within 72 hours after death	IMPORTANT: If Item 28 is ma

	FOR 1 - STATE REGISTRAR	STATE OF M		DEPARTMEI ERTIFICAT			MENTAL HY	GIENE 9	2	22831
100	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF DE			3. TIME OF DEATH
1	NAOMI E			SARI	80		08		92	3:44 PM w
		6. SEX	6. AGE (In yra. last	birthday) IF UNI	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	TH I	L BIRTHP	LACE (State or Foreign
		1 □ M 2√X	77	YRS.	DAYS	HOURS MIN.		/1914		ryland
_	9e. FACILITY NAME (If not institution, give street	et and number)		9b. CI	TY, TOWN	OR LOCATION OF		9c. COUNT		
DIRECTOR	NORTH ARUNDEL HOS	SPITAL A	SSOCIAT	ION	GLEN	BURNIE			A.A.	COUNTY
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c, CITY, TOWI	OBLOCA	TION				at many and
H	Maryland					ty,/Md				10d. INSIDE CITY LIMITS?
1	10e, STREET AND NUMBER			Dait		L CY / / ITC	•	40. 007171	-	YES 2 NO
FUNERAL	1725 Light St.					21230			SA	AI COUNTRY?
5		2. WAS DECEDENT	EVER IN U.S. ARI	MED 1	3. WAS DEC	ENDENT OF HISPA	ANIC ORIGIN? (Specian, Puerto Rican, e	Ify Yee or No- 1	4. RACE -	- American Indian, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			ANO Spec		(C.)		White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co		16a. DEC	EDENT'S USUAL	OCCUPATION	ON	16b. KIND (OF BUSINESS/INDU	STRY	
		College (1-4 or 5+) We.	e kind of work don Do NOT use retired	e during mo	ist or worlang				
E I	6th.Grade		H	omemak	er			Own Hom	e	
8	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S N	AME (First, Middle, A	feiden Sumame)		
BE	Willia	am	B	utz		Ethel		My	ers	
0	19e. INFORMANT'S NAME (Type/Print)		19b	MAILING ADDRE	SS (Street o	and Number or Rural	Route Number, City	or Town, State, Zip C	ode)	
-	Mr.Joseph J.Sar:	ro	2	01 McC	uir	Dr. G	len Bur	nie, Md	.210	061
	20s. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Remove	al from State	20b. PLACE A	NO DATE OF DISP	SITION/N	me of	DATE 2	Bc. LOCATION — CI	by or Town	n State
	4 Donetion 6 Other (Specify)		Glen	Haven	Men	n.Park	8/15	elen Bu	rnie	∍,Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		2	. NAME A	O ADDRESS OF F	ACILITY Ball	to.Md.	212	230
	> (vaniel ()	MAINVA	1_		McC1	111v Fu				Fort Ave
	23. PART I. Enter the diseases, or con	mplications that	caused the dea							Approximate
	snock, or heart fellure. Lis	at only one ceus	e on each line.					respiratory and	,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition		Vart.	10.	0	1. uH	5			Onset and Death
- 1	resulting in death) s	OUE TO (OR AS A CONSED	UENCE OF:	- W	and I way	mas		-	
-			18ch0	laca"r	Do	out o	nias			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		OR AS A CONSED	7	VV					1
8	cause. Enter UNDERLYING									
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (DR AS A CONSEQ	UENCE OF):				7-1-		
E	resulting in death) LAST									
Ö	PADT II Other significant conditions	annielle de la company	4						_	
3	PART II. Other significant conditions of	1. 0.0 A	beath but not re	sulting in the	indarlying	cause given in		AS AN AUTOPSY ERFORMED?	1 4	VERE AUTOPSY FINDINGS
MEDICA	Construct	neury	, jou m	ie	31	steech	# 10x	ES 2 NO		OMPLETION DF CAUSE OF DEATH?
X	stende	10-16	uie		O au	remia .	0		1	☐ YE\$ 2 ☐ NO
ä	Kostina	Long	Pajlure	- Shi	obetes	mellit	16.			
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		ОТН		ACE OF DEATH (C	heck only one)			
YSI	1 YES 2 NO 1	☐ Inpatient 2 ☐	ER/Outpatient 3			e 5 🗆 Residence	6 Other (Specif	y)		
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF I (Month, De	NJURY y, Your)	26b. TIME OF INJURY	28c. INJ WO	URY AT RK?	26d. DESCRIBE	IOW INJURY OCCU	RED	
BY	2 Accident Investigation			М		ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	26e, PLACE OF building, e	INJURY — Al hon tc. (Specify)	ne, farm, street, fa	ctory, offic	•	261. LOCATION (S City or Town,	Street and Number or Stete)	Rural Rou	ite Number,
ET										
F	29e. CERTIFIER 1 CERTIFYING PHYSICIA									
COMPLETED	070) 2 MEDICAL EXAMINER:	On the beele of exi	imination end/or in	vestigation, in my	opinion, d	eath occured at the	time, date and pla	ce, end due to the	ceuse(e) e	nd menner ee stated.
w II	290. SIGNATURE AND TITLE OF CERTIFIER	110	A	TTEND	ING	29c. LICENSE NU	MBER	29d, DATE S	IGNEO (fonth, Day, Year)
0	Mellon	24 M	71	PHYSICH	TUT	D-40.	521	D &	4111	92
2			OF DEATH ATEM						1	

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D./7575

32. ACGUSTRAR'S SYMATURE & Day doon- Mandale

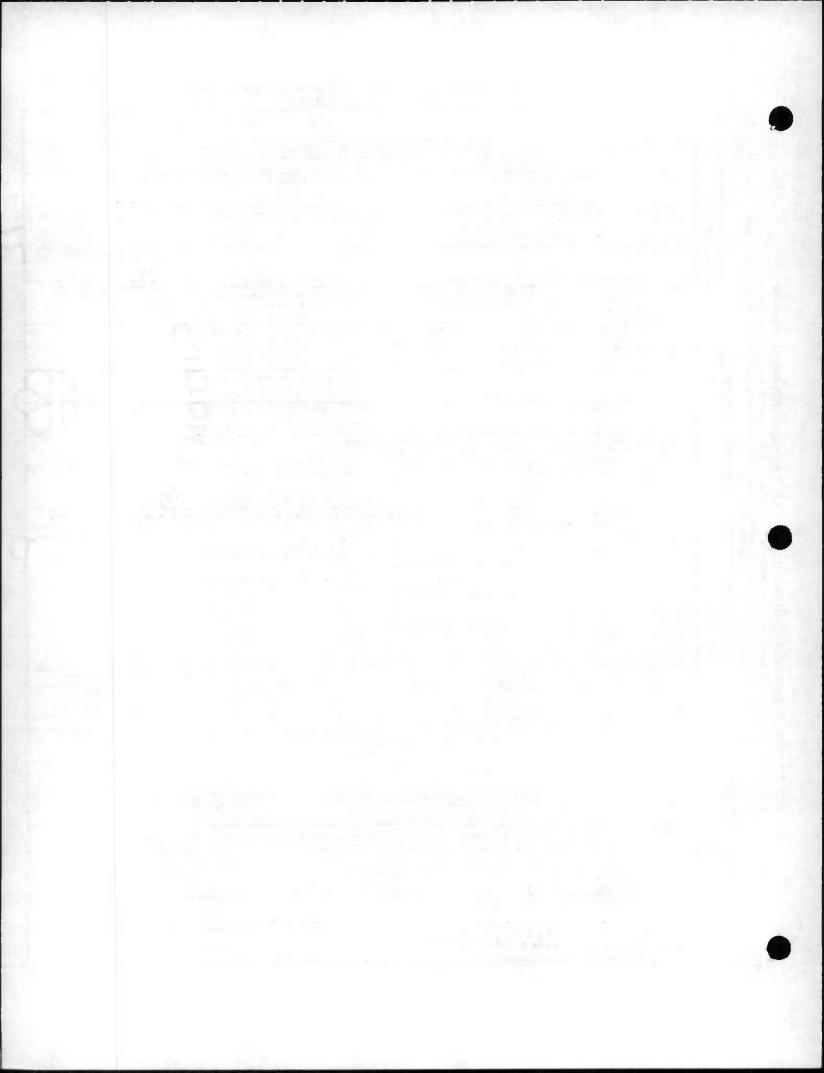
RITCHIE HIGHWAY. S.E./GLEN BURNIE, MARYLAND 21061



MAHESH S. O 31. DATE FILED (MONTH, Day, Year) AUG 18 1992

OCHANEY

DHMH-16 Rev 1/89



	1 - STATE REGISTRAR	STATE OF MARYI	LAND / DEPA	RTMENT OF	HEALTH AND F DEATH		GIENE G. NO.	
38	1. DECEDENT'S NAME (First, Middle, Last)	ames E	_	SMITH	Sr.	2. DATE OF DE MONTH	DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF		L BIRTHPLACE (State or Foreign
1	212-03-3751 9a. FACILITY NAME (If not institution, give stre-	1 Mg M 2 □ F 7	9 YRS.	MONTHS DAYS	HOURS MIN.	Jan . 9,	1913	Md •
Œ					OR LOCATION OF D		Note that	Y OF DEATH
6	Franklin Squage	Hospital		Ro	ssville		Balt	more
DIRECTOR	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOC	ATION			10d, INSIDE CITY
		imore		D	undalk			1 YES 2 M NO
FUNERAL	10a. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
Ä		le Drive			2122			. S. A.
E	11. MARITAL STATUS 1 ☐ Never Married 2 ☑ Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DE	ECENDENT OF HISPAI	NIC ORIGIN? (Spe	cify Yes or No- 1	4. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES		S 2 NO Specif		,	Specify: White
	15. DECEDENT'S EDUCA	TION	18e. DECEDENT'S	USUAL OCCUPAT	TION	16h KIND	OF BUSINESS/INDU	
E	(Specify only highest grade co	ompleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during a	nost of working	1000 1000	07 003111233711100	Jini
COMPLETED	12TH		Sa	rgeant		Balt	imore C	ity Police
ŏ	17. FATHER'S NAME (First, Middle, Last)		-		16. MOTHER'S NA			20, 101100
BE (Charles E.	Smith			Cele	ste	Branda	u
0	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural		or Town, State, Zip C	Code)
-	Agnes E. Smith				obile D	rive	Balto.	Md. 21222
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove	al from State	b. PLACE AND DATE	OF OISPOSITION (Notifier place)	Name of	h .	20c. LOCATION — CI	1000
	4 Donation 5 Other (Specify)	IVI	eadowri		Metery ANO ADDRESS OF FA		Laurel,	Md.
	10-0+	5	0,4				Home Of	Dundalk
	- Coll C	onne	ry .	711	Ö Sölle	rs Poi	nt Road	Dundalk 21222
	23. PART I. Enter the diseases, or cor shock, or heart failure. Lit	mplications that cause st only one cause on (d the/desth. Do	not enter the m	ode of dying, suc	ch as cardiac o	r respiratory arrea	at, Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)		DIAC		EST			Interval Between Onset and Death
	disease or condition	DUE TO (OR AS	D) A C	IFI:				Interval Between Onset and Death
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	21. SIGNATURE OF FUNERAL SERVICE LI	0-7	land	2	l N	1cCU	J11y	Fur	ner	Balt al Hom	e,13	30 E	230 .Fort Ave
	23. PART I. Enter the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in daath)	complications that List only one cau	2512	outh. Do i		the mo	de of dy	ing, suc	h aa c	ardiac or reapi	ratory arr	eat,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· Cons	(OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CON	e	1	10	Me	t	-6	Jac	lu	ul	
MEDICAL	PART II. Other algorificent condition	na contributing to	deeth but not i	resulting	In the un	derlying) cause	given in	Part I.	24e. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	FB/Outpetlant 2	□ D O4	OTHER	₹:	ACE OF D						
	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF (Month, D	INJURY	26b. TIM		28c. INJ				her (Specify) ESCRIBE NOW IN	JURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE O building,	F INJURY — At he atc. (Specify)	ome, farm,	street, fact				28f. LC	OCATION (Street a ty or Town, Stete)	nd Number	or Rurel Ro	oute Number,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE	CIAN: To the best of											end menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CENTURE	nera	M	0		+ 1,71	29c. LICI	INSE NUN	BER		29d, DATE	SIGNED	Month, Day/Year)
-	Harbor	O COMPLETED CAUS	SE OF DEATH (ITE	M 27) (1/29	Print	1	(en	Z	E.		/	
	AUG 18 1992	132. PEGISTRA		+			-						

SPET 2 | 3110

BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

92 22834 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 92 HERMAN 08 SHOWS 14 6:18 AM 6. AGE (In yrs. lest birthday) | F UNDER 1 YEAR | IF UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign NOV . 28; 56 67 YRS. HOURS 1 🖾 M 2 🗌 F 192X Mississippi 428-26-4306 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY Mississippi Jones Laure! 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt 4, box 1162 39440 USA 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY Specify: White 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind at work done during most at working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Oil Co. roustabout 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Lewis K. Shows Lumell Kelly BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cora C. Shows Box 1162, Laurel, MS 39440 20s. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremation 3 🙀 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Strengthford cemetery 4 Donation 5 DOther (Specify) Waynesboro, MS 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT C. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Baltimore, MD 23. PART L'Enter the diseases, or complications that cause the daeth. Do not anter tha mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on arch line. Approximata Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition Brainstum resulting in daeth) DUE TO (OR AS A CONSEQUENCE OF) days assive PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Hyper 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) COMPLETED 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be datermined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

D411



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2

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296. SIGNATURE AND FITLE OF CHREIFIER

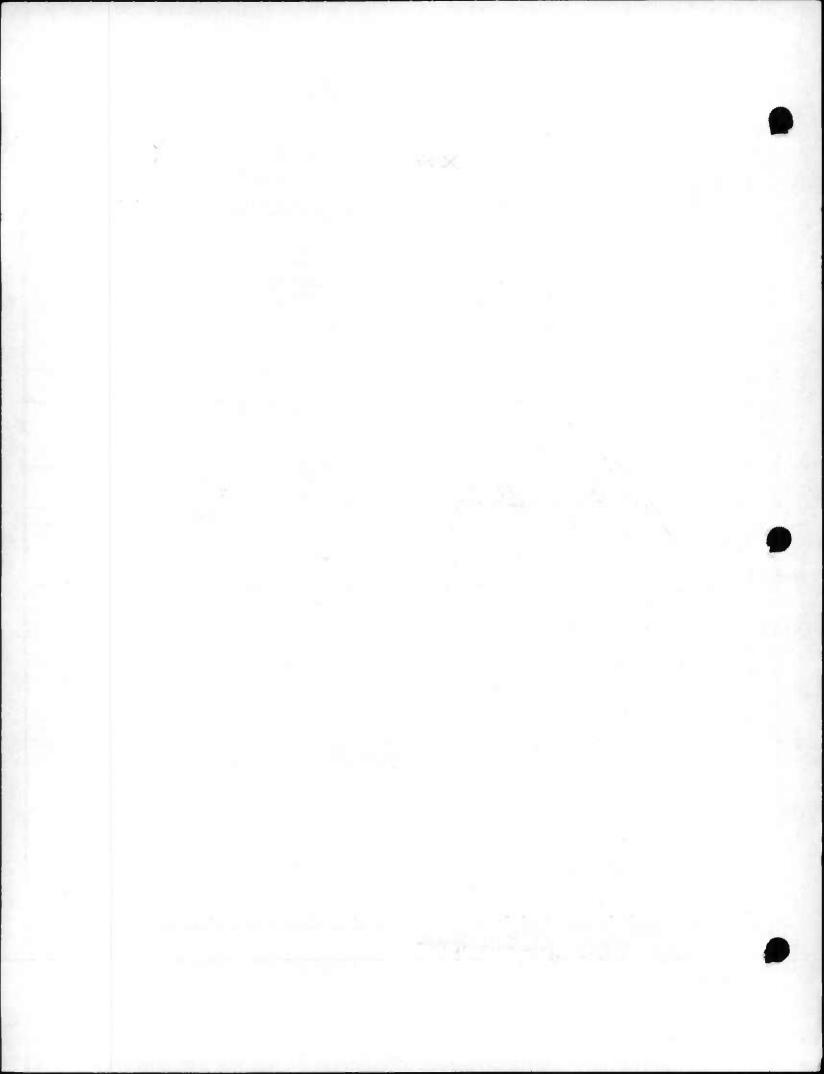
30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

SAMUEL B. MILLER, M.D./14 WELLHAM AVENUE, #103/GLEN BURNIE, MARYLAND

29d. OATE SIGNEO (Month. Day.

21061R



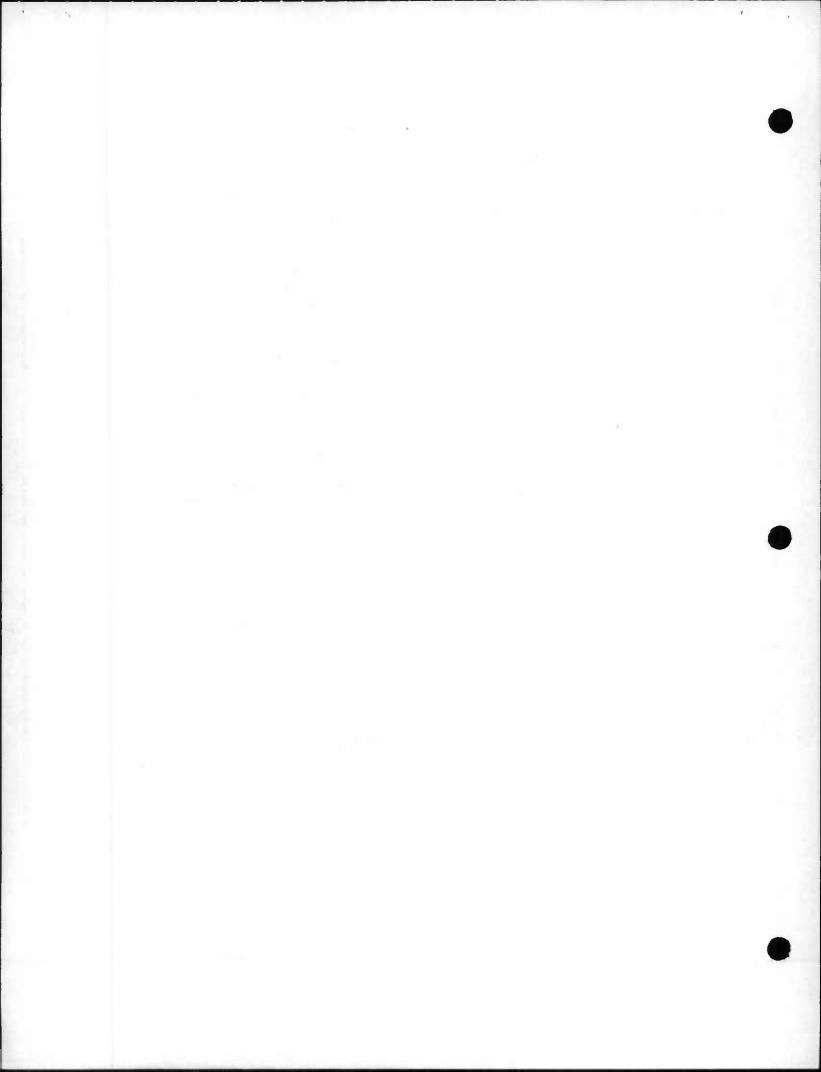
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTI			MENTAL HYGIE		
	DECEDENT'S NAME (First, Middle, Last)		gar A. Ta	ylor		2. DATE OF DEATH		YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NOTES 220-07-1039	10 M 2 □ F 72		HINDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH JULY 24,	1920	BIRTHPLACE (State or Foreign Country) Maryland
TOR	98. FACILITY NAME (If not institution, give a	root and number) Cent	u .	Ball	MCATION OF DI	LUD,	9c. COUNT	TY OF DEATN
DIRECTOR	10a. STATE 10b. COUNTY Maryland	·		own or Locat				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
	3836 Lyndale Ave.	12. WAS DECEDENT EVER IN U	S ARMED	12 WAS DEC	21213	NIC ORIGIN? (Specify		S. A.
B	1 Never Married 2XX Married 3 Wildowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 NO	If yes, spi	polity Cuban, Maxica	in, Puerto Rican, etc.)	THE OF NO.	4. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	1s. DECEDENT'S EDUC (Specify only highest grade	completed)	6a. DECEDENT'S US (Give kind of work life, Do NOT use n	done during mo	ON st of working	16b. KIND OF	BUSINESS/INDUS	STRY
3	Elementary/Secondary (0-12) NA	Coffege (1-4 or 5+) NA		,	Officer	Balt	imore C	lity
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maid		,12,
BE	Jesse Taylor 19s. INFORMANT'S NAME (Type/Print)			V		eth Beatt		
2	Louise A. Taylor	(Wife)				Baltimor		
	20a. METHOD OF DISPOSITION 1 X Surial 2 Cremation 3 Remo	20b. Pl	ACEANDDATEGE	DISPOSITION /No.	ment			ty or Town, State
	4 Donation 5 Other (Specify)	Lou	don Park				Baltimo	ore, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Schin		neral Home Lane, Bal	_	Md. 21213
	23. PART i. Enter the diseases, or cahock, or heart fellure.	complications that caused the List only one cause on aac	he death. Do not h line.	enter the mo	de of dying, suc	h as cardiec or re-	piratory arres	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A C	whistin	al	blee			Onset and Death
z		Ca - da Ga	ONSECUENCE OF):	x				1 1hc
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):					1,704
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A C	ONSEQUENCE OF):					
E	resulting in death) LAST	s						
AL CI	PART II. Other significent conditions	a contributing to death but	not resulting in 1	he underlying	cause given in	Part I. 24a, WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
			7.000				ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC							V-	OF DEATH?
Ä	25. WAS CASE REFERRED TO MEDICAL							
SICI	EXAMINER?	HOSPITAL:		THER:	ACE OF OEATH (Ch	8 Other (Specify)		
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	286. TIME O	F 28c, INJU	JRY AT	28d. DESCRIBE NOV	V INJURY OCCU	RED
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO			
ETED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stre	et, factory, office	·	28f. LOCATION (Stree City or Town, Sta		Rural Route Number,
COMPLETED		CIAN: To the bast of my knowled R: On the basis of examination a						
H	29b. SIGNATURE AND TITLE OF CERTIFIER		2/1/2	(m	29c. LICENSE NUM			SIGNED (Morth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	(ITEM 27) (Type, Pr	- PG			9	1.11
	31. DATE FILEO (Month, Dry, 1987) 1992	32. REGISTRAP'S SIGNATO	Rendell		· · · ·			



Richard A. Jon 31. DATE FILED (Month, Day, Year)

	3 should	
	1, 2	
	P. P.	
PHYSICAN: The law requires that the death certificate be seculated within 24 hours after death. Page 6 may be retained by the houpital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist-branst permit. Pages 1, 2, 3 s in the State Dect. of Health and Mental Hopiere prior to burist, cremation, or removal.	medical examiner must be notified at once.
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be esecuted within 24	an and completely fills ir to burial, cremation,	sumstic event, the
Officials be executed within 24	g physician and completely fills ene prior to burtal, cremation,	ther traumatic event, the
eath certificate be executed within 24	attending physician and completely fills ttal Pygiene prior to burtal, cremation,	y, or other traumatic event, the
ut the death certificate be executed within 24	by the attending physician and completely fill and Mental Hygiene prior to burial, cremation,	ny injury, or other traumatic event, the
quires that the death certificate be executed within 24	o signed by the attending physician and completely fills I Health and Mental Hegiene prior to burlal, cremation,	ows any injury, or other traumatic event, the
I aw requires that the death certificate be executed within 24	has been signed by the attending physician and completely fills. Dept. or Health and Mental Hygiene prior to burlat, cremation.	23 shows any injury, or other traumatic event, the
AN: The law requires that the death certificate be executed within 24	ifficals has been algred by the attending physician and completely fills a State Dec. of Health and Mental Heptere prior to burial, cremation.	or item 23 shows any injury, or other traumatic event, the
PHYSICIAN: The law requires that the death certificans be executed within 24	this certificate has been signed by the attending physician and completely filled in by the with the State Dect. of Health and Mental Highere prior to burilal, cremation, or removal.	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
SUDING PHYSICIAN: The law requires that the death certifican be seculed within 24	R. After this certificate has been signed by the attending physician and completely fill or death with the State Dect. of Health and Mental Highers prior to burilal, cremation,	is marked, or item 23 shows any injury, or other traumatic event, the
OR ATTENDING PHYSICIAN. The law requires that the death certificate be esecuted within 24	DRECTOR, After this certificate has been signed by the attending physician and completely fill ours after death with the State Dics. of Health and Mental Hydiere prior to burlal, cremation.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the
SPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificans be executed within 24	NERAL DRECTOR After this certificate has been signed by the attending physician and completely fills for 27 foursi after death with the State Dect. or Health and Mental Hopiene orlor to burial, cremation.	4T: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be esecuted within 24	THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely fill that within 27 hours after death with the State Dect. of Health and Mental Higlere prior to burial, centration,	PORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the

1. DECE	DENT'S NAME (First, Middle, Las		mr test mr	TOTAL TIPLE	DOM		2.	DATE OF DEATH	5	27	3. TIME OF PERIO
4. SOCI/	AL SECURITY NUMBER	ELMA BEN	6. AGE (in yrs. last	JTHE!	IF UNDER 1 YEAR	IF UNDER 24 i	HRS. 7.	DATE OF BIRTH		8. BIRT	HPLACE (State or Foreig
244	1-07-6869	1 🗆 M 2 💢 F	82	YRS.	MONTHS DAYS	HOURS N	MN. M	(Month, Day, Year) lay 30, 19	910	Coun	th Caroli
9a. FACI	ILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION				NTY OF	
Car	roll County (General Ho	spital		Wes	tminst	er			Carr	011
REBID	DENCE OF DECEDENT		-1								
10a. STA	WE STORY OF THE STORY			2.00	TY, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
-		latawba		(Conover						1 X YES 2 NO
10.1657.710	REET AND NUMBER				10	. ZIP CODE	_		10g. CIT		WHAT COUNTRY?
	Noute 5	-				2861				USA	
1 🗆 Ne	FTAL STATUS Over Married 2 Married Idowed 4 Divorced		T EVER IN U.S. ARN YES 2 X NO NR OR DATES		If yes, sp		Maxican, P	ORIGIN? (Specify Yea Puerto Rican, etc.)	or No—	14. RAC Blac Spec	CE — American Indian, ck, White, etc. City: White
	15. DECEDENT'S EX (Specify only highest gra		16a, DEC	CEDENT'S	USUAL OCCUPATION	ON set of working		166, KIND OF BUS	SINESS/INC	DUSTRY	
Elem	nentary/Secondary (0-12)	College (1-4 or 5 -			work done during mo use retired.)						
			Mac	chine	e Operate				xtile	9	
12777750110	EN'S NAME (First, Middle, Last)					12 5 134 113 11		(First, Middle, Maiden	Sumame)		
	ames Allen Be	ntley						Bradshaw			
	ORMANT'S NAME (TypeTrint)		19b.	MAILING				le Number, City or Town	n, State, Zip		2
Jon	n Tutherow		1.3	160	LITTLET	OWN !	PIKE	(1) ESTAIN	UTER	11	0. 21157
							111				
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1 □ Bur 4 □ Dor	rial 2 Cremation 3 X Re reation 5 Cother (Specify)		of cemetary.	crematory	e of bisposmon y or other place) Ceme-tery	(Name		New	ton,	City or 1	
1 □ Bur 4 □ Dor	rial 2 🗆 Cremation 3 💥 Re		of cemetary.	crematory	e of disposition y or other place! Ceme: Lery 22. NAME A	/Name	OF FACILI	New	ton,	NC	Town, State
1 (2 Bur 4 (2 Doi 21. SIGN	relation 5 Other (Specify)	Alter	Eastvi	iew	Cerre-terv 22. NAME A RCIEER 6CCS	nd address of C. A. Harfor	of facility	New New New Neuron New Neuron New New Neuron New Neuron Neuron Neuron Neuron Neuron Neuron Neuron New New New New New New New New New New	ERAL	NC HOM	fown, State 1E, INC.
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M.D.

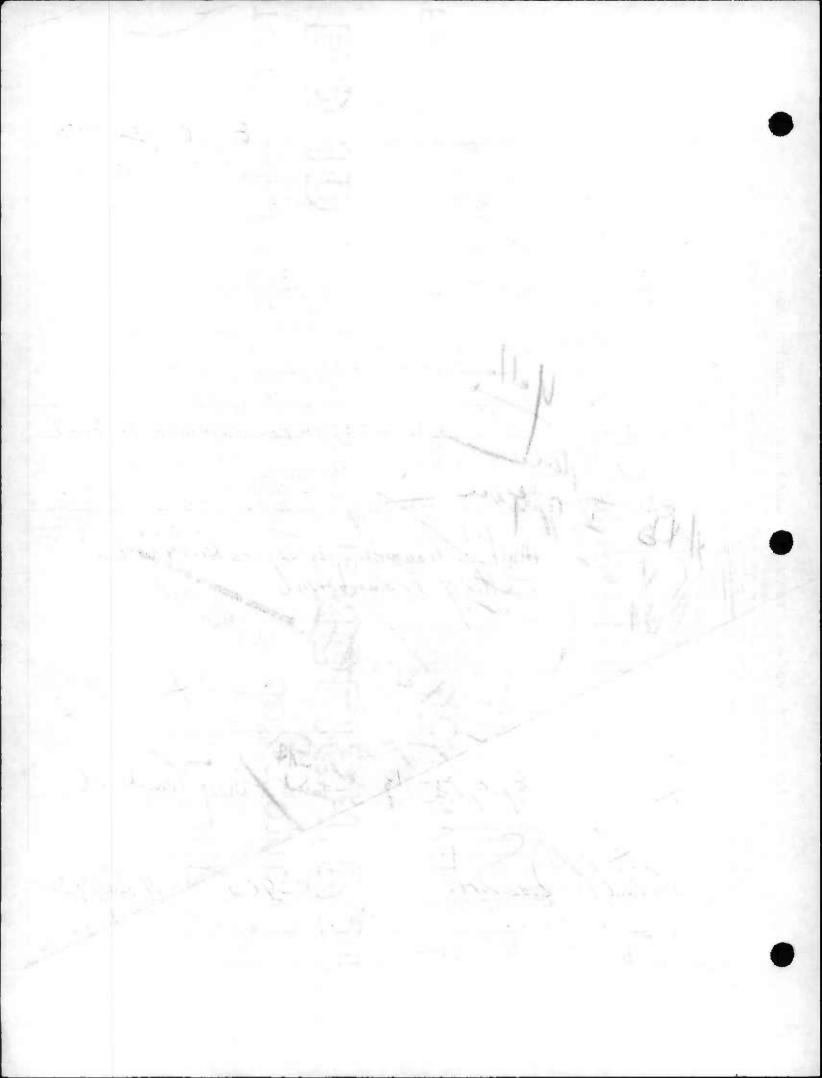
32. REGISTHAR'S SIGNATURE ha Davidson-Randalla

Jones

200 Memorial Ave.

Westminster, MD

21157



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31. DATE FILEO (Mo

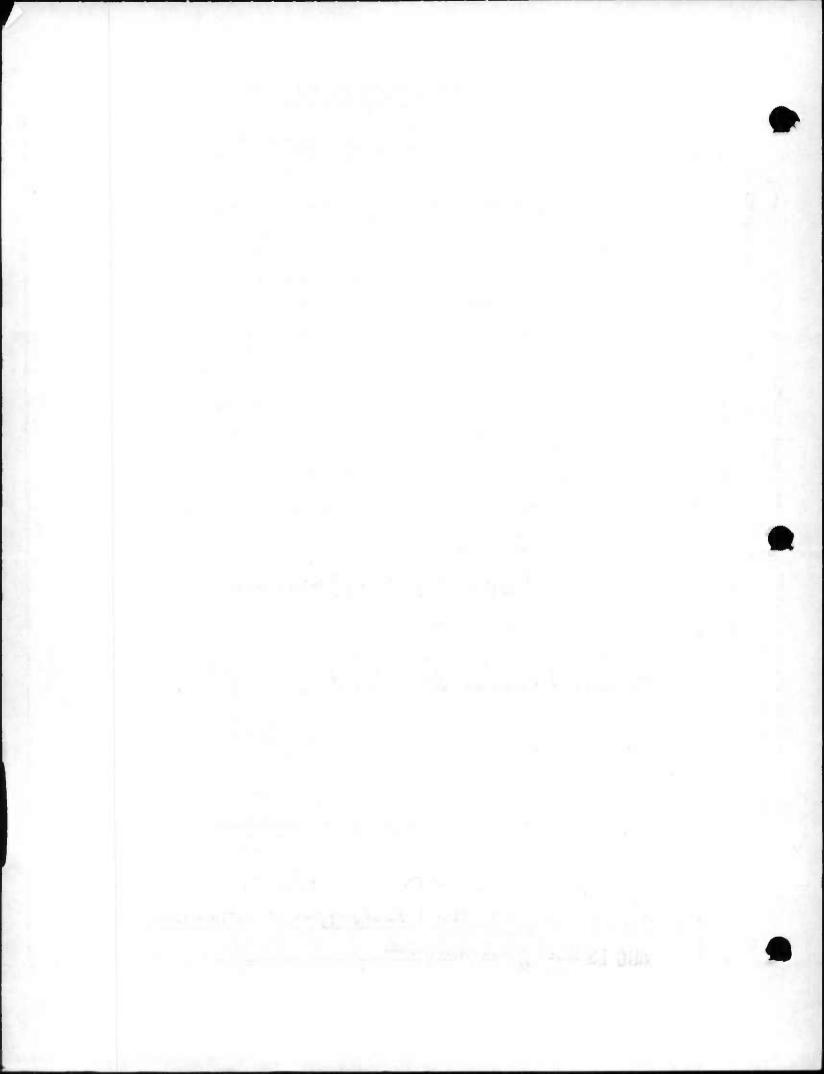
1. DECEDENT'S NAME (First, Middle, L	GLADYS	HEALD	HOWP\$	9N		2. DATE OF DEATH OF MONTH	3-16-	YEAR 2 3.	TIME OF DEATH 7:
4. SOCIAL SECURITY NUMBER 215-07-0732	5. SEX	8. AGE (In yrs. lest bir	rthday) IF UND		F UNDER 24 HRS.	7. DATE OF BIRTH (Morith, Day, Year) 01-23-190	8.	Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution, QLIBERTY MEDIC	CAL CENTE	R		TY, TOWN OR	ORE		9c. COUNT		
MARYLAND		-10	Oc. CITY, TOWN		LTIMOR	E			d. INSIDE CITY LIMITS? X YES 2 \(\text{\ballet}\) NO
100. STREET AND NUMBER 2095 ROCKROS	E AVENUE			101. 2	2121		-	IN OF WHA	T COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARMED YES XXNO AR OR DATES	D 13	If yes, speci	DENT OF HISPAN	IC ORIGIN? (Specify Yes on, Puerto Rican, etc.)		4. RACE — Black, W Specify:	American Indian, hite, etc.
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5 +	(Give k	DENT'S USUAL (kind of work done NOT use retired.	e during most	of working	16b. KIND OF BUSIN		STRY	
17. FATHER'S NAME (First, Middle, Last	D. GANTT	HOI	<u>MEMAK I</u>			HOM AE (First, Middle, Meiden Su	mame)		
19a. INFORMANT'S NAME (Type/Print)	D. GANII			SS (Street and	Number or Rural F	ROSA JUST OUTS Number, City or Town,	State, Zip Co		
MICHAEL N. BI	ESBIEL, J	R. 260	02 CE1	NTRAL	AVE.	ALEXANDRI	A. V	IA 2	2302
20a. METHOD OF DISPOSITION 1 □ Buriel 2 ▼Cremation 3 □ 1 4 □ Donation 5 □ Other (Specify)	Removal from Stata	20b. PLACE AND cemetery, cremato	OPERATE OF DISPO	OSITION (Name e) ATORY	. INC.	8-17 BAL	TION — Ch	y or Town,	State
20e. METHOD OF DISPOSITION 1 Buriel 2 X Cremetton 3 0 4 Donetton 5 0 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE GEORGE E	Removal from State EXCENSEE MACNABB	20b. PLACE AND cemetery, cremete METRO	ODATE OF DISPO	ATORY NAME AND REMAT	INC. ADDRESS OF FAC	BATE 20c. LOCA 8-17 BAL SLITY CIETY OF K RD. BA	TIMC MARY	ORE,	MD INC.
20e. METHOD OF DISPOSITION 1 Burlel 2 X Cremation 3 1 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE CEORGE 23. PART I. Entar the diseases, shock, or haart fellu IMMEDIATE CAUSE (Final disease or condition	Removal from State EXCENSEE MACNABB	20b. PLACE AND cometery, cremete METRO	ODATE OF DISPO	ATORY NAME AND REMAT	INC. ADDRESS OF FAC	BATE 20c. LOCA 8-17 BAL SLITY CIETY OF K RD. BA	TIMC MARY	ORE,	MD D, INC. D 21228 Approximata interval Batweer
20a. METHOD OF DISPOSITION 1 Burisi 2 X Cremation 3 1 4 Donation 5 Other (Specify). 21. SIGNATURE OF FUNERAL SERVICE GEORGE 2. 23. PART I. Entar the diseases, shock, or heart falls. IMMEDIATE CAUSE (Final	MACNABB or complications that re. List only one cause a. Due to b.	20b. PLACE AND cometery, cremete METRO	CREMINGE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF SHORE OF	OSITION (Name) ATORY ATORY REMAT BY FR FT That moda	INC. ADDRESS OF FAC	BATE 20c. LOCA 8-17 BAL SILITY OF K RD. BA	TIMC MARY	ORE,	MD D, INC. D 21228 Approximata interval Batweer
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20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 1 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Entar the diseases, shock, or heart felice IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that inilitated events	MACNAB B Or complications that re. List only one cause b. Due to d.	20b. PLACE AND COMPLET RO METRO Coursed the death so on each line. OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT O	DATE OF DISPO ory or other place CREMY 22 CF 20 C. Do not anta	ATORY NAME AND REMAT 99 FR The mode	INC. ADDRESS OF FAM ION SO EDERIC of dying, such	DATE 20c. LOCA 18-17 BAL BAL OF K RD. BA	TION — CHI	y or Town, DRE, LAN, M. tt,	MD D, INC. D 21228 Approximata interval Batweer
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20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 1 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Entar the diseases, shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. 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List only one cause. DUE TO d. C. DUE TO d. HOSPITAL: 1 Compatient 2 280. DATE OF (Morrit), De on	20b. PLACE AND Cometery, cremate METRO Caused the death se on each line. OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQ	DATE OF DISPO ONLY OF OTHER PLACE CREMY 22 CF CF CF DOA OTHER MCE OF):	ATORY ATORY NAME AND REMAT 99 FR Tha moda anderlying of 26. PLAC FR: printing Home 28c. INJUR 1 Yes	INC. ADDRESS OF FAM ION SO EDERIC of dying, such	DATE 20c. LOCA 8-17 BAI BAI STATE OF K RD. BA BAI see cardiac or respirate to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	MARY LTO. tory arres	ZAD. WE AME COOPE	MD D, INC. D 21228 Approximate interval Batweer Onset and Death RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?

32. REGISTRAR'S SIGNATURE

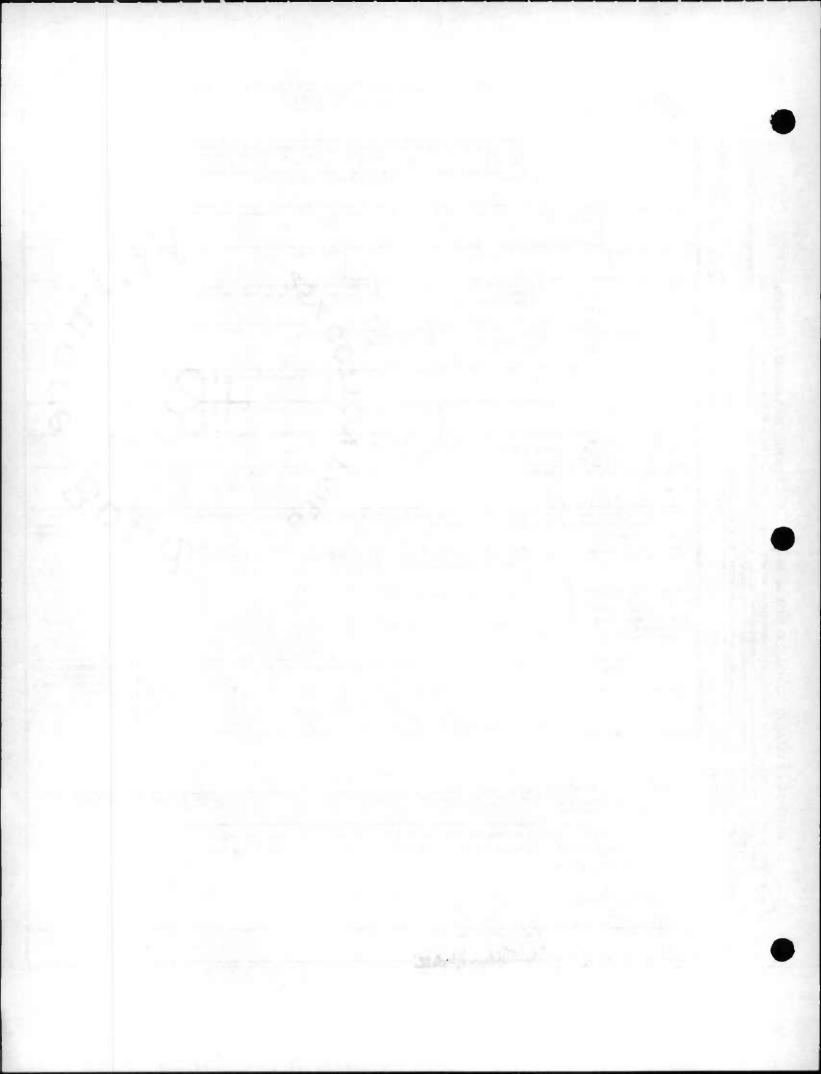
SULIM WAY TO 13

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DHMH-18 Rev 1/89



1 - FOR STATE REGISTRAR	STATE OF N		RTMENT OF HEALTH FICATE OF DEAT		IYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, La Warren	st) 	Talbot	t	2. DATE OF MONTH	DAY	3. TIME OF DEATH 992 3:37 P.
4. SOCIAL SECURITY NUMBER 213 03 4142	5. SEX 1 (2	6. AGE (in yrs. lest birthday) 71 YRS.	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	24 HRS. 7. DATE OF E (Month, Da 11/0)	ny, Year)	BIRTHPLACE (State or Foreign Country) Marvland
9e. FACILITY NAME (If not institution, gi			Baltimore C		9c. COUN	TY OF DEATH
801 W. 35th S RESIDENCE OF DECEDENT 100. STATE 100. COU		100 00	TY, TOWN OR LOCATION	ILY		
801 W. 35th S. RESIDENCE OF DECEDENT 10e. STATE 10b. COU Maryland 10e. STREET AND NUMBER 801 W. 35th S. 11. MARITAL STATUS			altimore_		173	10d. INSIDE CITY LIMITS? 1 TYPES 2 NO
801 W. 35th S	troot		21 21 1			EN OF WNAT COUNTRY?
11. MARITAL STATUS 1XXVever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. ARMED YES 2 XND AR DR DATES	13. WAS DECENDENT O	F HISPANIC ORIGIN? (\$ n, Mexican, Puerto Ricae Specify:	pecify Yes or No—	14. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S E (Specify only highest gi		(Give kind of	S USUAL OCCUPATION work done during most of workingse retired.)	16b. KiN	ID OF BUSINESS/INDU	
Elementary/Secendary (0-12) 6 17. FATHER'S NAME (First, Middle, Lest)		Firema	an and Welder		Steel Comp	oany
Earl L.	Talbott		18. MOTI	Manage (First, Middl		
19e. INFORMANT'S NAME (Type/Print)	Iaibott	19b. MAILING	G ADDRESS (Street and Number	Margaret or Rurel Route Number, (Code)
Mildred Justic		364	48 Keystone A	venue. Bal	Ltimore. M	Maryland 2121
20g. METHOD OF DISPOSITION 12 Burlel 2 Cremation 3 R	emoval from State	20b. PLACE AND DATE	OF DISPOSITION (Name of other place)	DATE	20c. LOCATION — C	ity or Town, State
4 Donation 5 Other (Specify)	LICENSEE	<u>Weisl</u>	Durg Cemetery 22. NAME AND ADDRES	8/17	White Ha	11. Maryland
1 . 4	2 OV		Burgee-He	nss Funera		Maryland 21
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	b	(OR AS A CONSEDUENCE O	PF):			
PART II. Other significant condit	ions contributing to	death but not resulting	In the underlying cause of	jiven in Part I. 24s	. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDIN
				1[PERFORMED? YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				EATH (Check only one)		
1 X YES 2 NO		ER/Outpatient 3 🗆 DOA	OTHER:	sidence 6 🗆 Other (Sp	necity)	
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		ay, Year) IN	JURY WORK? M 1 YES 2	100.00	BE HOW INJURY OCCU	JRED
3 Suicide 6 Could not 4 Homicide determined	Dunding,	F INJURY — At home, larm, etc. (Specify)	street, factory, office	281. LOCATID City or To	N (Street and Number o wn, Stete)	v Rural Route Number,
			red at the time, date end place, on, in my opinion, death occur			d. cause(e) end manner ee stated
296, SIGNATURE AND TITLE OF CERTIF	allit	A M	0	NSE NUMBER		SIGNED (Month, Day, Year) 3/13/1992
10. HAME AND ADDRESS OF PERSON [MAK O P. G.C. 31. DATE FILED (Month, Day, Year)	LIB, OK	PE OF DEATH (ITEM 27) (Type	enn Street, B	altimore,	Maryland	21201
AUG 1 8 1002	di la Karie					



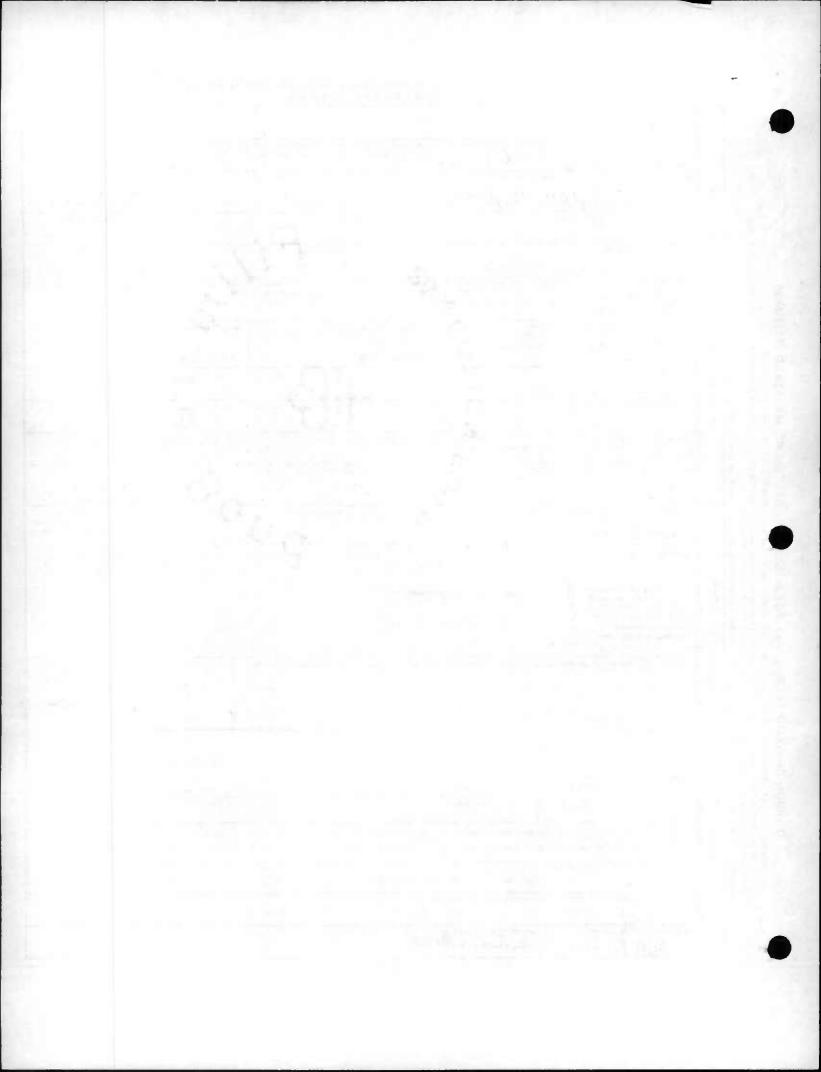
1 -	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	IONIE OI			REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	L- TURNE	BANGH			2. DATE MONTH		0-9	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-19-0237	1 🗆 M 2 X F	GE (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	OF BIRTH Day, Year)		_	PLACE (State or Foreign
9e. FACILITY NAME (If not institution, give a St. Toslo) RESIDENCE OF DECEDENT	h Hospital	.1	-	ON LOCATION OF E	DEATH		9c. COUNT	-	ATH - ltimore
	imore		TY, TOWN OR LOC arkton	ATION				- 1	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
18661 Middlet	own Road	- 4		01. ZIP CODE 21120	14		U.S.		HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, OIVE WAR OF	ES 2 NO	Il yes, s	CENDENT OF HISPA specify Cuben, Mexic 8 2 NO Spec	en, Puerto I	17 (Specify Yes Rican, etc.)	or No— 14	4. RACE Black, Specify	- American Indian, White, atc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)					Own H		STRY	
17. FATHER'S NAME (First, Middle, Last) LeRoy A. Kro	out			18. MOTHER'S N	AME (First, A	Aiddle, Malden			
19a. INFORMANT'S NAME (Type/Print)	-	10h MAILIN	O ADDRESS (Street	and Number or Rural			Shots 7/a C	a da l	
Robert E. Tur	nbaugh, S	r. 1866	1 MIdd	letown	Rd.	Park	ton.	MD	21120
20a, METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)		206. PLACE AND DATE	OF DISPOSITION //			4, 20c. LOC Pa:			
21. SIGNATURE OF FUNERAL SERVICE UIC			22. NAME	AND ADDRESS OF E	ACILITY				
23. PART I. Enter the diseases, prostock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting (death)	List only one ceuse or	and the death. Do n each line.	not enter the m	ode of dying, au	ch ea card	ew Fre	eedon	1, P	A 17349 Approximate interval Betw
sheck, or heart feliure. iMMEDIATE CAUSE (Final	a. DUE TO (OR A. OUE TO (OR A.	n each line.	24 S	Second St	ch ea card	ew Fre	eedon	1, P	A 17349 Approximate interval Betw
stack, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR A. OUE TO (OR A.	S A CONSEQUENCE O	24 S	Second St	ch ea card	ew Fre	eedon	1, P	A 17349 Approximate interval Betw
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may be retained by the hospital or attending physician.	tor, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ust be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dect. of Health and Mental Hollere prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPART CERTIFIC	MENT OF	HEALTH AND DEATH	MENTAL HYGI		
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4. SOCIAL SECURITY NUMBER 579-14-6669 9a. FACILITY NAME (If not institution, give st	1 X M 2 🗆 F	/2 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Yea NOV . 1]	1, 1919	BIRTHPLACE (State or Foreign Country) Washington D. (
			Baltin	Or LOCATION OF D	HTABL	9c. COUNT	Y OF DEATH
1343 N. Carey Str HESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. STREET AND NUMBER 1343 N. Carey Str Marital Status 11. Marital Status 12. Marital Status 13. Marital Status 14. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status 15. Marital Status		10c. CITY,		ore City			10d. INSIDE CITY LIMITS? 1 X YES 2 ND
100. STREET AND NUMBER 1343 N. Carey Str				of. ZIP CODE 212			U.S.A.
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FDRCES? 1 YE IF YES, GIVE WAR DR	ES 2 NO	If yes, a	ECENDENT OF HISPA specify Cuben, Maxic S 2 X NO Speci	ANIC DRIGIN? (Specifican, Puerto Rican, etc. elly:	y Yea or No— 1:	4. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATIDN completed) College (1-4 or 8+)		ork done during n retired.)	nost of working		F BUSINESS/INDU	
	Unknown	Morgue	Atten		Irranki IAME (First, Middle, Ma Mamie		re Hospital
P Bishop Ricardo			N. Car		I Route Number, City or	r Town, State, Zip Co	
26s. METHOD OF DISPOSITION 1)(Burlel 2 Cremetion 3 Remo 4 Donation 8 Other (Specify)	ovel from State	20b. PLACE AND DATE OF Cometory, cremetory or other MT. ZTON	"Ceme t	ery	8-18 C	atonsvi	ly or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		1206	W. Norti	ACILITY WT	am C. B	rown Comm. F.H e, Maryland #1
23. PART I. Enter the diseases, or c shock, or heert failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Hypertensi	each line.	sclero				Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in death) LAST	b	S A CONSEQUENCE DF):					
that initiated events resulting in death) LAST	DUE TO (DR AS	S A CONSEQUENCE OF):					
PART II. Other significant conditions	contributing to death	but not resulting in	the underlying	ng cause given in	1 PEF	S AN AUTOPSY REDRINED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 ND
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH	HOSPITAL:		OTHER:	PLACE DF DEATH (C	Check only one)		
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE DF INJURY (Month, Day, Year)	TY 28b. TIME	DF 28c, IN	Me 5 X Residence IJURY AT ORK? YES 2 ND	8 Other (Specify) 28d. DESCRIBE HO		RED
9 Outstand	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, str pecify)	eet, factory, offi	се	28f. LOCATION (Str. City or Town, S	reet and Number or State)	Rural Route Number,
	CIAN: To the best of my kno						suse(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	1 1	7/		O.C.M.I			HGNEO (Month, Day, Year) /13/1992

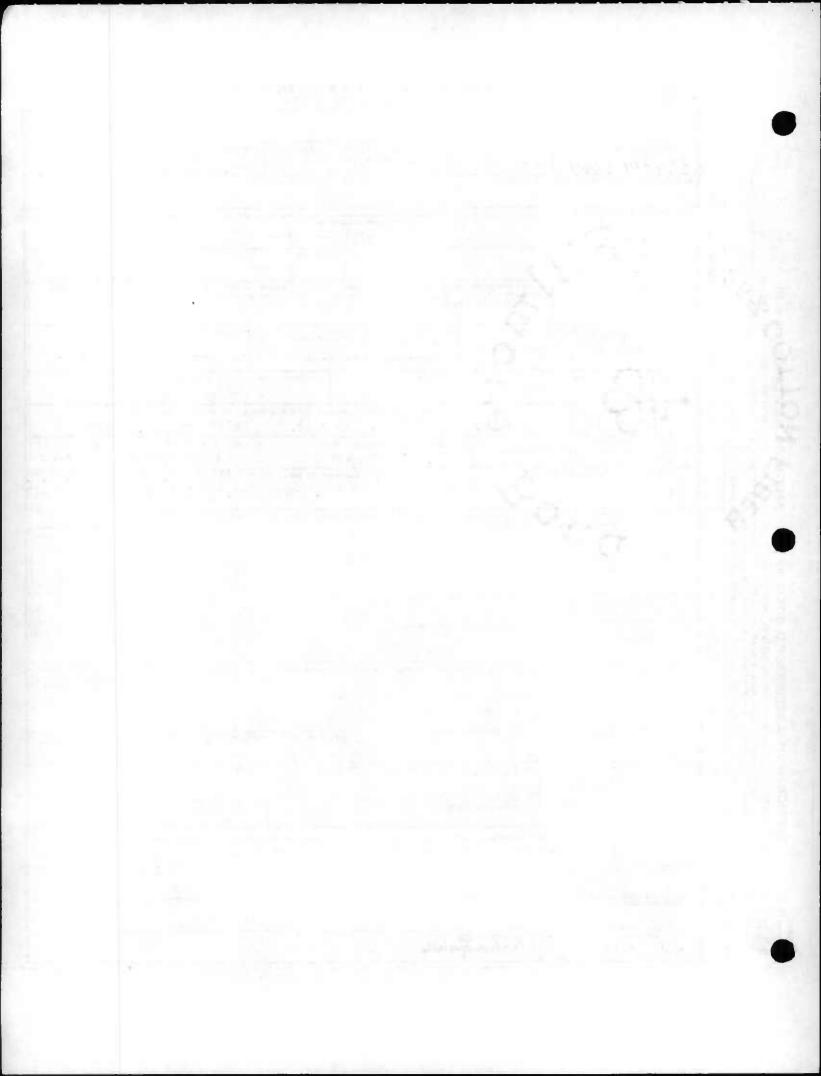
PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street , Baltimore Maryland 21201

Mario Golle M.D.

31. DATE FILED (Month, Day, Year)

AUG. 18 1992



TO BE COMPLETED BY FUNERAL DIRECTOR

DECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not a hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

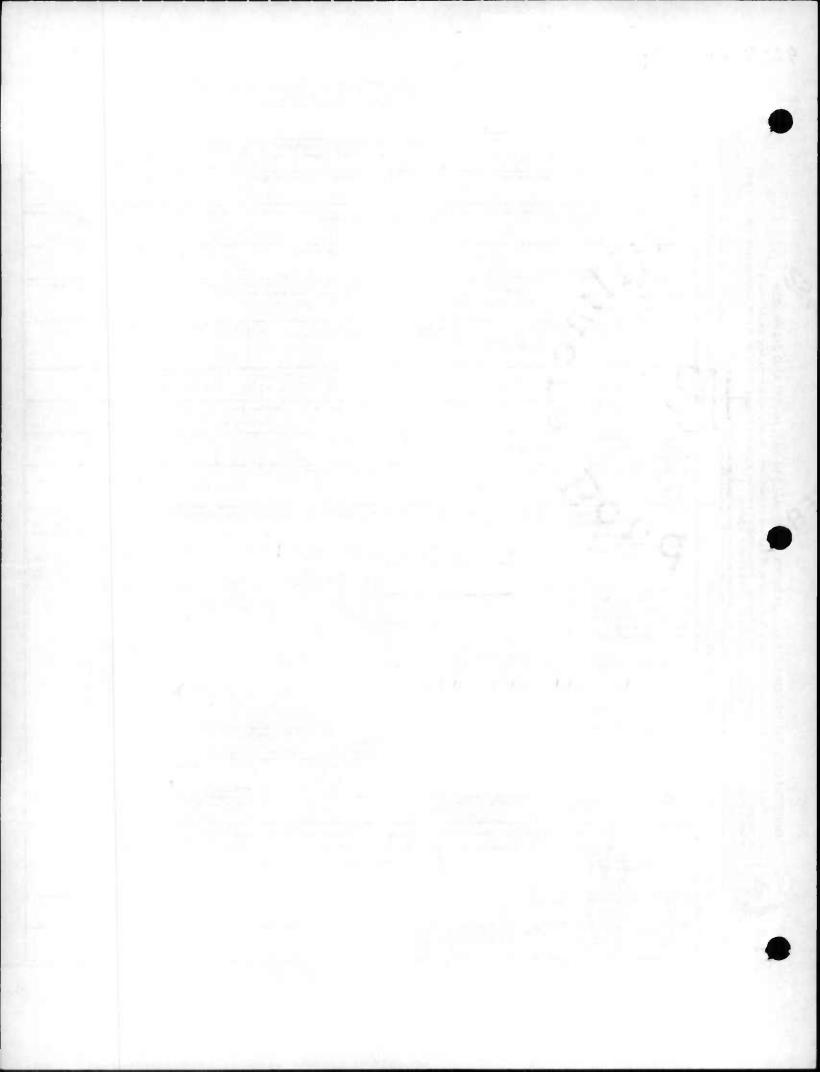
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

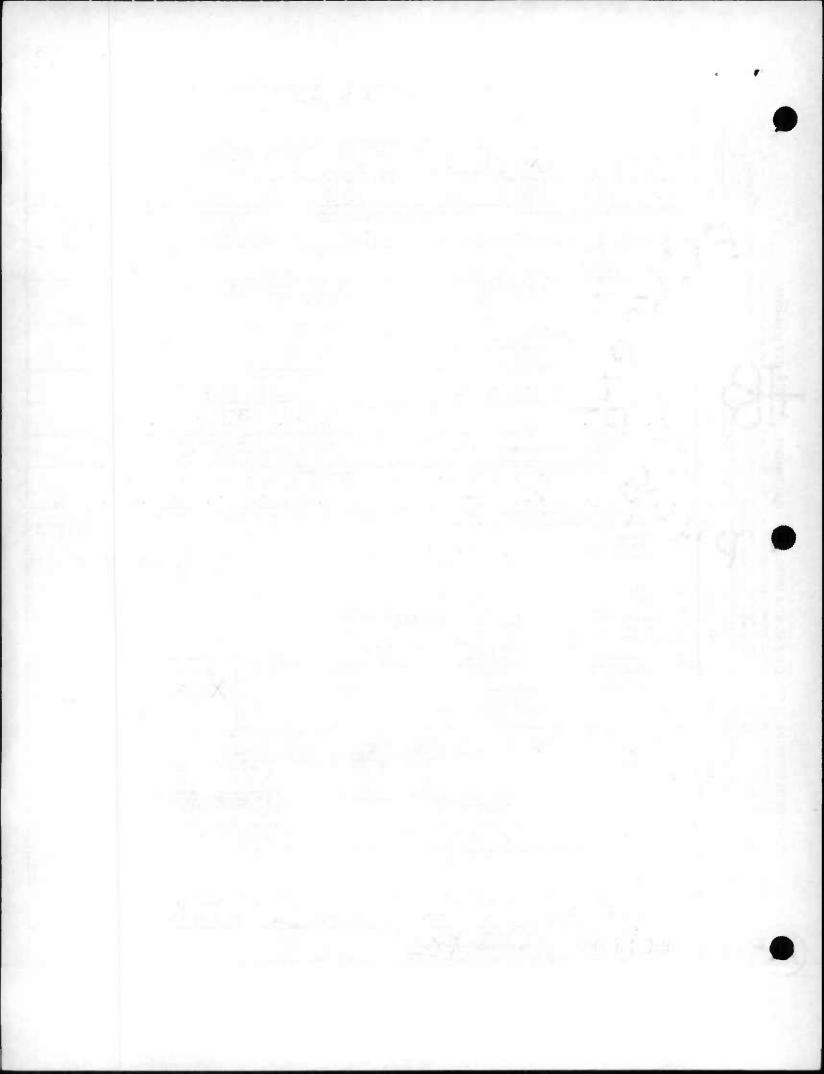
REGISTRAR							REG. N	**			
1. DECEDENT'S NAME (First, Middle, Last)	Haye	25				2. DATI	E OF DEATH	DAY	YEAR	3. TIME OF	DEATH
Michae	1 HAÝS		Wir	tz		08			1992	4:45	P.
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	th, Day, Year)		8. BIRT	HPLACE (State	or Foreign
214-72-7681	1 M 2 F	3.5	YRS.	MONTHS DATE	HOURS MIN.			,195		Aryla	nd
De. FACILITY NAME (If not inetitution, give at	reet and number)			9b. CITY, TOWN	OR LOCATION OF			7	UNTY OF		
University Hospi	tal S.T.	U.		Balti	more Cit	·V					
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY											
Md.	Baltim	ore	10c. CIT	Y, TOWN OR LOC	hite Ma	arch				10d. INSIDE LIMITS?	
IOo. STREET AND NUMBER						AT 011				1 TYES 2	- 22
				1	Of. ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTR	177
5820 Stever						1162				SA	
1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES 2	NO	13, WAS DE	CENDENT OF HISP specify Cuban, Mexi	ANIC ORIGI	N? (Specify 'Rican, etc.)	ee or No-	14, RAC Blac	E — American ck, While, stc.	Indien,
Widowed 4 Divorced	IF YES, GIVE W	MAR OR DATES		1 🗆 YE	S 2 NO Spec	olfy:		Þ	Spec		
15. DECEDENT'S EDUC	CATION	16a I	DECEDENTS	USUAL OCCUPAT	TON	1	b. KIND OF E	LICALEGO	PURTON	Whi	te
(Specify only highest grade Elementary/Secondary (0-12)	completed)		(Give kind of v	work done during n	nost of working	10	D. KIND OF E	USINESS/IF	(DUSTRY		
12th	College (1-4 or 5	+)	En	+ + - +							
7. FATHER'S NAME (First, Middle, Last)			E 11	tertai	18. MOTHER'S N	IAME (Einst	Miletelle Maiel	a Company			
Milton Wirt	Z					thy		ler			
19a. INFORMANT'S NAME (Type/Print)		1.	10h MAII ING	Anneses /Street	end Number or Rura	d Bouts Mus	shee Oh T	Otata 3	(O . d .)		
Dorothy Hinna	ant		5	820 St	evens F	Road	BA1t	imor	e M	D. 21	162
04. METHOD OF DISPOSITION		001.01.00		OF DISPOSITION (-02
Burial 2 Cremation 3 Remo	oval from State	cemetery, c	crematory or of	ther place!		DA	1000	OCATION -			
1. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE	- IHOTI	y Hi	llCeme	tery 8	15/	92 F	alti	mor	e MD.	
7 O O	ENGEL	1				FACILITY			20	014	A == 0
1 1 1 1 1	-	11 11	1			ora	Homo	OfFe	200	OMace:	Ave.
Connelly F	inera	l Hon	me)	Conn	ellyFur				sex	212:	
23. PART I. Enter the disease, or c	unula omplications tha	l Ho	death. Do n	Conn	ellyFur				sex		21
snock, or neart failure.	unila omplications tha List only one cau	t caused the dise on each life	death. Do n	Conn	ellyFur				sex	212	2 1 kimsts
IMMEDIATE CAUSE (Final	List only one cau	JSO ON OUCH HE	ne.	Conn	ellyFur	ich aa csi	rdisc or res	piratory s	rrest,	212	21 kimsts
IMMEDIATE CAUSE (Final	omplications that List only one cau	JSO ON OUCH HE	ne.	Conn	ellyFur	ich aa csi	rdisc or res	piratory s	rrest,	212	21 kimsts
iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	JSO ON OUCH HE	OF AC	Connot enter the m	ellyFur	RUG	disc or res	piratory s	rrest,	212	21 kimsts
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)	FREDED		CERTIFI			2. DAT	REG. NO		1	. TIME OF DEATH
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MO	17. FATHER'S NAME (First, Middle, Last)			I/C	TTY GIE			, Middle, Maiden	Surname)	UI	11011 #333
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10	19a. INFORMANT'S NAME (Type/Print) Mrs. Cleo W. Wa	ısmus		19b. MAILING / 30	5 Orcha	and Number or Ru and Ave.	, Bal	mber, City or Tow Itimore	n, Stata, Zip Co , Md.	212	225
	20e. METHOD OF DISPOSITION 1 (C Burlet 2		20b. PLAC cemetery. GTEY	Haven	er piecel Memor i	_{lame of} al Park	8/17	7/92 G1	en Bur	nie,	, state , Maryland
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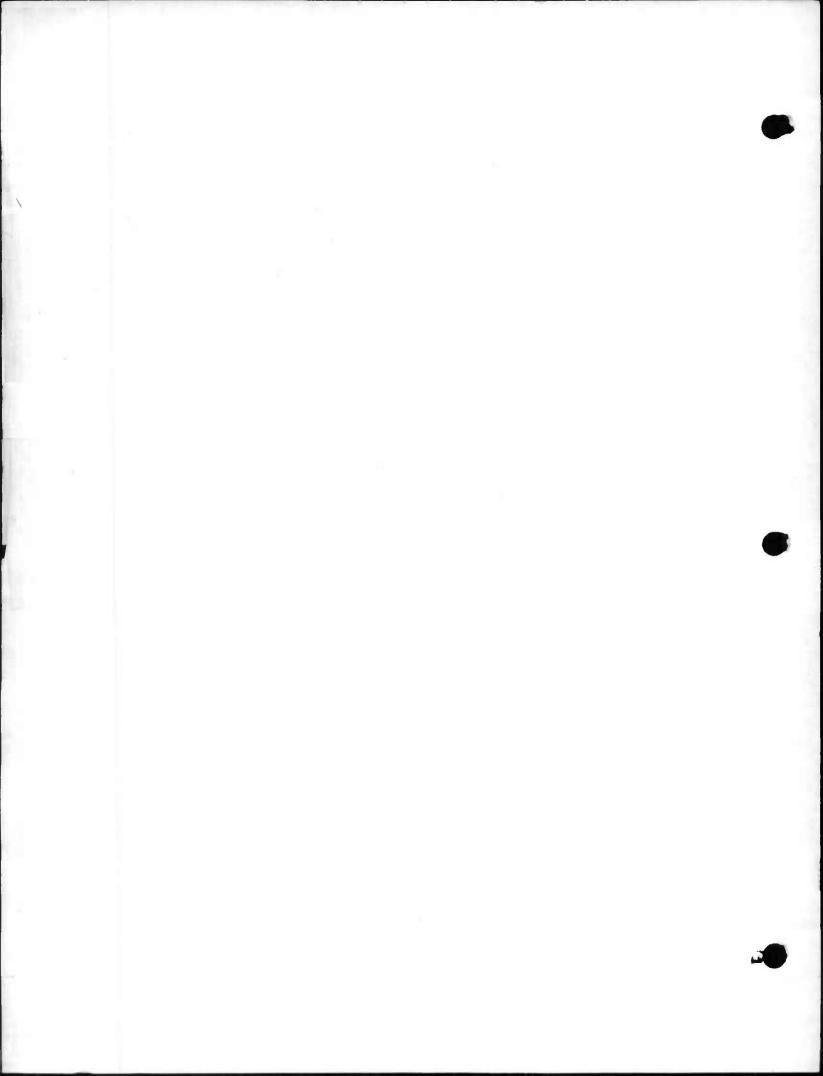




THOO BE OF	TO BE COME ETED BY BUYEICIAN, MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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le funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
DALLINGTE, MARITANE	

1 - FOR STATE REGISTRAR		STATE OF MA			TMENT OF		MENTAL HYGIEN	IC.	12 2	22843
1. DECEDENT'S NAME (FIG. 4. SOCIAL SECURITY NUM 2.17-3.4	R A A BER 5.305	RET 5. SEX 1 D M 2 D F	A J U. AGE (In yrs. In:	st birthday)	E UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1903	8. BIRTHPLA	TIME OF OEATH CE (State or Foreign
PESIDENCE OF DE	1C	treet end number)			96. CITY, TOWN	OR LOCATION OF D			HTY OF DEATH	
Maryland 100. STREET AND NUMBER	10b. COUNT	nne Arunde	e1	10c. CIT	Y, TOWN OR LOCA	Glen	Burnie		1 [I. INSIDE CITY LIMITS? YES 2 NO
956 Long						ot. ZIP CODE 2106	0		nited :	
11. MARITAL STATUS 1 Never Married 2 S 3 Wildowed 4 Div		12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	YES 2		If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Speci	NIC ORIGIN7 (Specify Ye sn, Puerto Rican, etc.) ly:	e or No—	14. RACE — Black, W Specify:	American Indian, hite, etc. White
15. DE (Specify of Elementary/Secondary	CEDENT'S EOU nly highest grade (0-12)	CATION completed) College (1-4 or 5+)	(0	Sive kind of v Do NOT us	USUAL OCCUPAT work done during n e netired.)	ION lost of working	16b. KIND OF BU		estic	
17. FATHER'S NAME (First,	Widdle, Last)	0	ni -			_	AME (First, Middle, Melder			
Samuel 19a. INFORMANT'S NAME	Then a Pholosti	0.		keri		Anna		н.		mmel
Thelma W.		he1	19				Route Number, City or Tov erdstown,		254	43
20e. METHOD OF DISPOSITION BUTTER STATEMENT AT DONATION OF FUNER	on 3 🗆 Rem	Total Control	cemetery, cre	ematory or of	22. NAME /	8/1 NO ADDRESS OF FA	3/92 B	altir	city or Town, nore.M Pasader)
23. PART I. Enter the shock, or immediate CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	tiona, addiate fing	a. OUE TO (O	on each line roliv R AS A CONSE	OUENCE OF	c shu	ET.	poolly			Approximate interval Between Onset and Death
PART II. Other aignific			eeth but not	reaulting l	In the underlyl	ng cause given in	Part i. 24a. WAS AN PERFO	RMED?	AW CO OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 WO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSBITAL:			26. I OTHER:	LACE OF DEATH (C	neck only one)			
1 YES 2 - NO 27. MANNER OF DEATH		1 Inpatient 2 E	JURY	28b. TIM	E OF 26c. IN	JURY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CUREO	
1 Netural 5 2 Accident	Pending investigation	(Month, Dwy,	Year)	INJ	URY	ORK? YES 2 NO	000000000000000000000000000000000000000		77	
2 Dulatda es	Could not be determined	26e. PLACE OF I building, etc.	INJURY — At he c. (Specify)	ome, farm, a	itreet, factory, off	ce	26t. LOCATION (Street City or Town, State		r or Rural Route	Number,
opel -		to the second second					to the ceuse(s) end me time, date end place, a			d manner ee stated.
/ Juy	OF PERSONWH	O COMPLETEO CAUSE	OF DEATH (IVE) V	W)	29c. LICENSE NU	WBER \$314	29d. GAT	E SIGNED (MO	oph, Day, Year)
31. DATE FILEO (Month, De)	EL	SAN	ARM	3/	nD	205	lidgely	A	M.A	nnopalis
AUG 1		32 AEGISTRAN	Hason-M	- Indian	4.0		V			rong

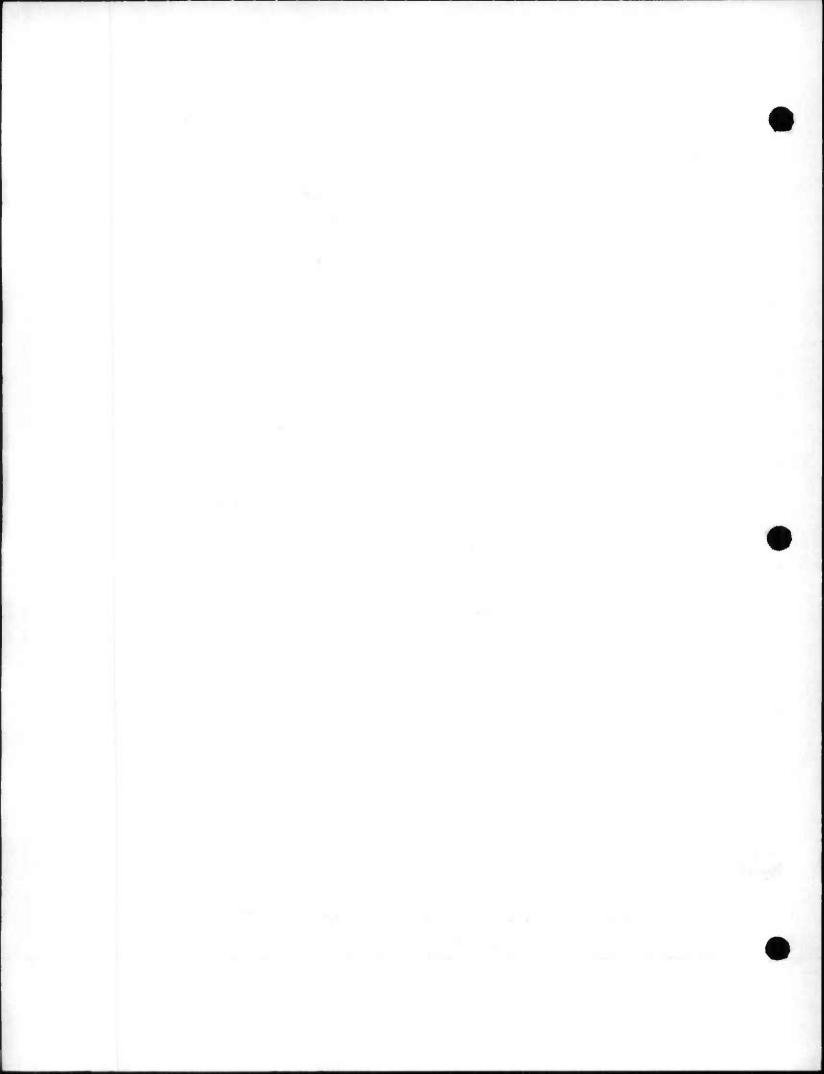
	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		D MENT	AL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) BEATRICE	AJ	BRAM.	SON		2. DAT	TE OF DEATH DA	j 19	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/3-09-455 9a. FACILITY NAME (If not institution), give	1 D M 2 D	(In yrs. leat birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MI	I. (Mo	E OF BIRTH with, Day, Year) IAY 20,	1893	BIRTHPLACE (State or Foreign Country) ENGLAND
CTOR	6101 PARK HEIGH		3D	200	OR LOCATION O			9c. COUNT	Y OF DEATH
DIREC	10a. STATE 10b. COUNT	Y	10c. CIT	BALTIA	ATION 401-2		-		10d. INSIDE CITY LIMITS? 1 VES 2 NG
FUNERAL	6/0/ PHK H3/	ts Ave.	APT. 31		2/2	15		10g. CITIZE	N OF WHAT COUNTRY? USA
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes,	ECENDENT OF HIS specify Cuban, Me ES 2 NO S	SPANIC ORIG Ixican, Puert Secily:	SIN? (Specify Yes o Rican, etc.)	or No 14	I. RACE — American Indian, Black, White, etc. Specify: WHITE
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u		nost of working	10	6b. KIND OF BUS		
I at once.	10 17. FATHER'S NAME (First, Middle, Last) BENJAMIN	STEIN		<u>SALESLAI</u>		NAME (First KATHE	, Middle, Maiden	RETAI Surname) (L UNKNOWN)
be notified TO BI	190. INFORMANT'S NAME (Type/Print) MRS. MARJORIE I	NAMOS	196. MAILING 6101	PARK HE	and Number or REIGHTS A	VE.,	APT. 3-	n, Stete, Zip Co D BA	LTO.,MD 212
must	20axMETHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	cen	OHEL YAI	other place)		8/18/	17.4		y or Town, State RE, MD
examin	- Fred	D La	una-	SOI - 60]	LEVINS O REIST	ON & ERTOW	N RD.	BALTO	., MD 21215
u, cremation, or removal	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. General and a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a s	the death. Do each line.	Cen	recipion of dying,			ratory arres	t, Approximata Interval Betwe Onset and De
or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE O						
hows any injur	PART II. Other significent condition		Various Various	in the underlyi	ng cause given	In Part I.	24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
State Dept.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	nations 3 DOA	26. I	PLACE OF DEATH				<u> </u>
rked, o	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	BE OF 28c. IN	JURY AT ORK? YES 2 NO	28d. Di	ESCRIBE HOW II	NJURY OCCUP	REO
28 is	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,			28f. LO	CATION (Street a by or Town, State)	and Number or	Rural Route Number,
MPL MPL		CIAN: To the best of my know							ouse(s) and manner as stated.
IMPORTANT TO BE CO	296. SANATURE AND TITLE OF CERTIFIE	Toldge	el 1	ud	29c. LICENSE	NUMBER 239	7	29d. DATE S	IGNED (Month, Day, Year) - 17-92
F/	30. NAME AND ADDRESS OF PERSON WH	32. DEGISTRARIS SIGN	711 W	40Z	Street	t			
/	701C 1 C	1992	Lavidsor-1	andall	341				



NETAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

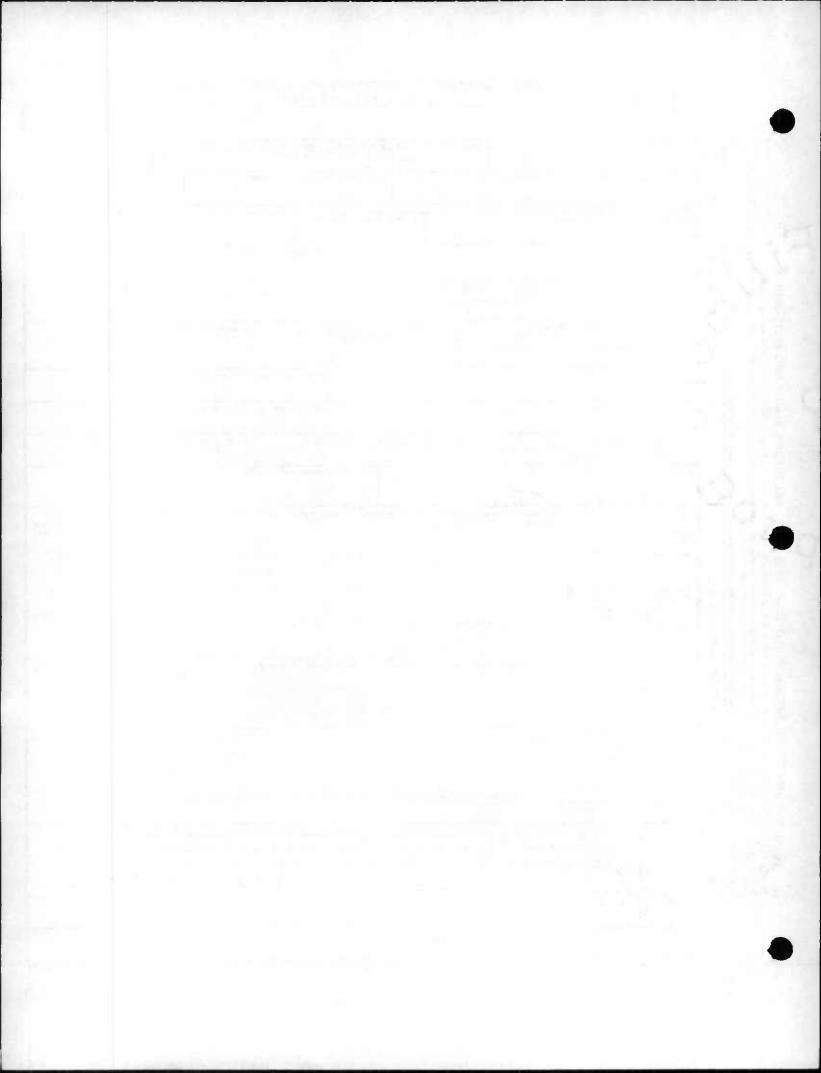
NETAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use 1, 2, 3 should be detached for use 1, 3 should be detached for use 1, 3 should be detached for use 1, 3 should be detached for use 1, 4 should be detached for use 1, 4 should be detached for use 1, 4 should be detached for use 1, 4 should be detached for use 1, 4 should be detached for use 1, 4 should be detached for use 1, 4 should be detached for use 1, 4 should be detached for use 1, 4 should be detached for use 1, 4 should be detached for use 1, 4 should be detached for use 1, 4 should

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) Esther	Bowen			2. DATE OF DEATH	1 6, 19 9 2	3. TIME OF DEATH 4:30 a
	4. SOCIAL SECURITY NUMBER 262-22-9313	1 🗆 M 2 💢 F		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year) 2 - 23 - 26	Co	RTHPLACE (State or Foreign untry) M D
TOR	99. FACILITY NAME (If not institution, give s Maryland General RESIDENCE OF DECEDENT	•	91	Baltimore Ci		9c. COUNTY O	F DEATH
DIRECTOR	10e. STATE 10b. COUNTY	Y	VA	timore			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100 STREET AND NUMBER 447 Watty Cour	t		101. ZIP CODE 21201		U.S.	F WHAT COUNTRY?
8	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 VES 2/VNO Speci	an, Puerto Rican, etc.)	B	ACE — American Indian, lack, White, etc. pecify: a C K
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 5 t h	CATION completed) Coffege (1-4 or 5+)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use no Disable	done during most of working tired.)	16b. KIND OF BU	SINESS/INDUSTR	,
BE COM	17. FATHER'S NAME (First, Middle, Lest) James Curtis		513451		AME (First, Middle, Meider	Sumame)	
TO B	190. INFORMANT'S NAME (Typo/Print) Margaret Johnso	on		DRESS (Street and Number or Rural Fiffany Ct./			21201
	20a. METHOD OF DISPOSITION 1 \$\infty\$ Buriel 2 \$\subseteq\$ Cremetton 3 \$\subseteq\$ Reme 4 \$\subseteq\$ Donation \$\subseteq\$ Other (Speedy) 21. SIGNATURE OF FUNERAL SERVICE LIC	ovel from State cqu	PLACE AND DATE OF D	rial Park	Rar	ocation — city of	Town, State
	1 Francis	Herry		22. NAME AND ADDRESS OF F	H F.H./11	01 F.	NORTH AVE
	22. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Complications that caused List only one couse on e Upper gastr	ech line.	anter tha mode of dying, suc	ch as cardiac or reap	Iratory arreat,	Approximata interval Batween Onset and Death
NO	Sequentially list conditions,	Liver cirr					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Hepatic en	consequence or): cephalopa consequence or):	thy			
	resulting in death) LAST			arrest due to		c shock	İ
: MEDICAL	PART II. Other algolificant condition	s contributing to deeth b	ut not resulting in t	he underlying cause given in	Part I. 24e. WAS AN PERFOI	PMED?	Ab. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 25700	HOSPITAL:		26. PLACE OF DEATH (CI			
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. DESCRIBE HOW	NJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stree		281. LOCATION (Street City or Town, Stete)	and Number or Run	al Route Number,
COMPLETED	29e: CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINED	CIAN: To the best of my know.	ledge, death occurred a	the time, date and place, and du	e to the cause(e) end ma	nner as stated.	e(e) end menner es stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Koche	MD	29c, LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Year)
	Walter Roche,	M.D. c/	o Marylan	d General Hosp	ital	,	
	ALIG 1 9 1992 gui	12 REGISTRARIS SIGN					



	or attend	or use as		
	TANTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attend	UMECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as		
	tained by 1	should be		
	may be re	or, page 5		
	h. Page 6	eral direct		
	after death	by the fund	moval.	
	24 nours	y filled in	Infurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	uted within	completel	rial, crema	
	a be exect	sician and	prior to bu	
	h certifical	anding phy	Hygiene I	
	the deat	by the atte	nd Mental	
	ednires tha	n signed I	f Health a	
	he law re	s has bee	e Dept. o	
	SICIAN: T	certificate	h the Stat	
	DING PHY	After this	death with	
-	DATTEN DATTEN	MECTOR:	ifurs after	
e	2	34	平	V

	REGISTRAR 1. DECEDENT'S NAME (First	st, Middle, Last))		ERTIFICA			2. DAT	REG. N	Ю.		3. TIME OF DE	ATH
	Liany				RLA	AKFY		MON'	ТН	DAY 7	YEAR GID	3:36	5
	4. SOCIAL SECURITY NUM	MBER		AGE (In yrs. la	st birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.		E OF BIRTH		8. BIRTH	IPLACE (State or	Foreign
	212-32-1293		1 □ M 2 🕁 F	99	YRS. MON	THS DAYS	HOURS MIN.		5-189	3	Eng l	**	
CC	Se. FACILITY NAME (If not				9b.		OR LOCATION OF	DEATH		9c. COU	INTY OF D	DEATH	
DIRECTOR	Franklin Squ		iosp.			Rossv	ılle			Ba	ltim	ore	
E)	10a. STATE	10b. COUNT				OWN OR LOCAT	TION					10d. INSIDE CIT	TY
	10e. STREET AND NUMBER		lto.		Dur	ndalk						1 TYES X	-
FUNERAL	40 Yorkway						21222					Kingo	V 1
S	11. MARITAL STATUS		12. WAS OECEDENT E	VER IN U.S. AI	RMED	13. WAS DEC	ENDENT OF HISP	ANIC ORIGI	IN? (Specify		14. RACE	E — American In	
BYF	1 Never Married 2 3 Widowed 4 Div		FORCES? 1 []		NO		ecity Cuban, Mexic		Rican, atc.)		Speci	k, White, etc. #y:	
ED 8		CEDENT'S EO	EICATION	150 0	ECEDENT'S USU	IAL OCCUPATION	NI .	1 44			Whit	e	_
L	(Specify or Elementary/Secondary	nly highest grad	Se completed) College (1-4 or 5+)	(0	Give kind of work in the Do NOT use reti	done during mo		16	D. KIND OF E	SUSINESS/IN	DUSTRY		
MPL	Unknown			G	overnes	SS			Priva	ate			
COMP	17. FATHER'S NAME (First, I						18. MOTHER'S N			en Surname)			
BE	William C.			1 20	Dh. Man hio ac-	DECC OF	lary and Number or Rura						
TO BE	Elizabeth 1						ond Number of Rura Oundalk,				p Code)		
	20a. METHOD OF DISPOSE 1 Durial 2 Cremati	TION		20b. PLACE	AND DATE OF DE	SPOSITION (Na		DA		LOCATION —	City or To	own, State	-
	4 Donation 5 Othe	or (Specify)		More More	Land 146	emoria]	l Park	8-8-8	92 F	Balto.	, Md		
	23. PART I. Enter the cahock, or I	dispases, or heart fallure	Stacks A complications that co. List only one ceuse	eueed the de	eath. Do not e	22. NAME AP Bradl 2134 enter the mo	ey-Asht Willow de of dying, au	on Fi	uneral ng Rd.	Home Dur	ida Ik		nate Betw
	23. PART I. Enter the canock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY	dispases, or heert failure inal	complications that co. List only one ceuse a	eueed the de	ic Dise	22. NAME AP Bradl 2134 enter the mo	ley-Asht Willow	on Fi	uneral ng Rd.	Home, Dur	IndaIk rest,	Approximately	nate Betw
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	After	Town the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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MPORTANT: If Item

296 SIGNATURE AND TITUE OF CERTIFIER

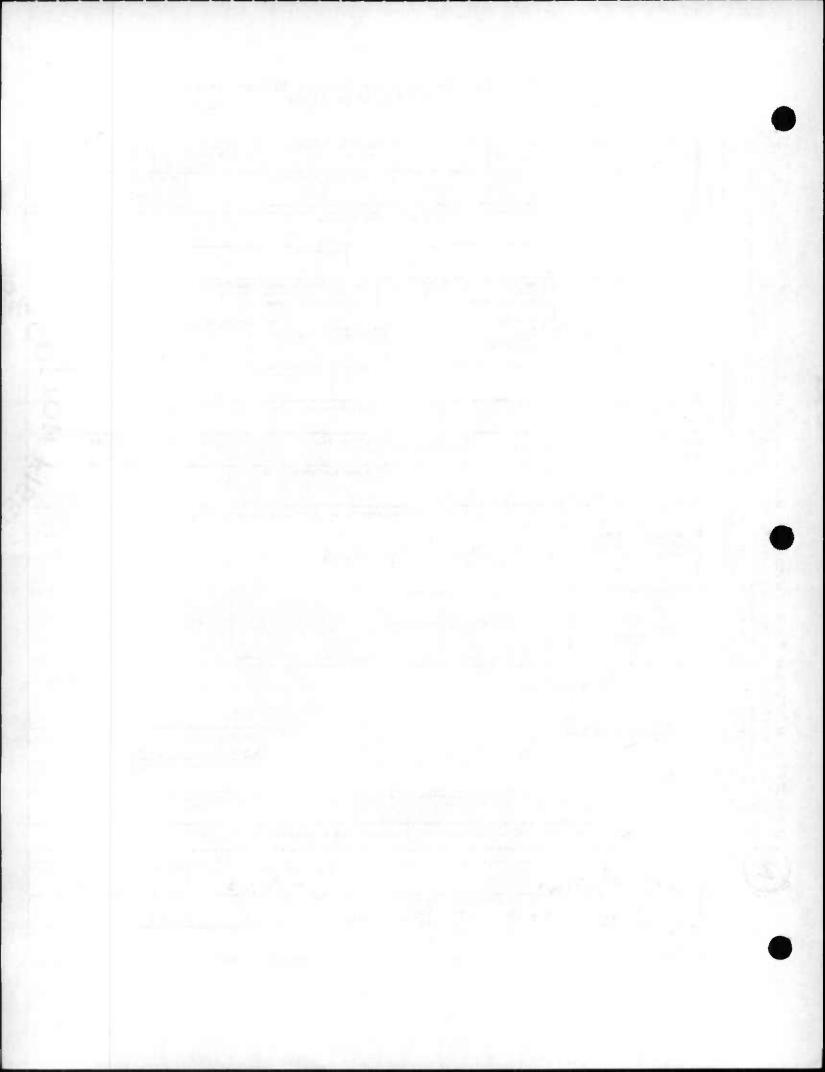
31. DATE PILED (Month, Day, Year) 9

92 22847 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 8- 18- 1992 Kathryn Bucci A M 4. SOCIAL SECURITY NUMBER 5. SFY 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 10724/12 219-32-2382 1 M 2 X F 79 YRS. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Columbia Shelter Home Columbia Howard RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. BAltimore City 1 TES 2 NO 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1 West Conway St., Apt. 216 21201 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 📆 NO BY Specify: 3 X Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) Clerk Baltimore City 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Jacob Knecht Kathryn Dolan BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JoAnn Cricchi 418 MonteMar Ave., Catonsville, Md. 21228 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Buriel 2 Cremetion 3 - Removal from State Crematory 19 4 Donation 5 Other (Specify) Green Mount Balto. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Phillip Stacks M00550 Bradley-Ashton Funeral Home, INc. 2134 Willow Spring Rd., Dundalk., 23. PART I. Enter the diseasea, or complications that caused the dasth. Do not enter the mode of dying, auch as cardiec or reapiratory arrest, Approximata shock, or heart failure. List only one cause on interval Between DUE TO (OR AS A CONSEQUENCE OF): IMMEDIATE CAUSE (Final Onset and Death Wetasmir Mule resulting in death) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 0 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ her (Specify) pmie 1 Inpatient 2 ER/Outpatient 3 DOA 28d. DESCRIBE HOW INJURY OCCUPED 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 Accident 5 Pending Investigation 1 YES 2 NO BY 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be BE COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) 114/9-30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, 19 John MD Ami 32. REGISTRAR'S SIGNATURE

2

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neitfied at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI			REG. N	O.	
	1. DECEDENT'S NAME (Fight, Middle, Last)		ildred An	na Bro	wn	2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH AM
	212 18 2600	1 🗆 M 2 🔀 F	(In yrs. lest birthday) _ 71 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 10-27-20	Co	HTHPLACE (State or Foreign unity) Maryland
IOR	9a. FACILITY NAME (If not institution, give stree Carroll County Ge			9b. CITY, TOWN OR LOCATION OF DEATH Westminster Sc. COUNTY OF DEATH Carroll County				
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY							
DIRECTOR	Maryland Carr	011		y, town on Location Sykesville				10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 6419 Locust Lane				101. ZIP CODE	784		F WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	U.S. ARMED 2 NO ATES				ACE — American Indian, lack, White, etc.		
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						USINESS/INDUSTR	
COMPLET		College (1-4 or 5+)			Assistant	Cl	nurch	
5	17. FATHER'S NAME (First, Middle, Last)				18 MOTNER'S NA	ME (First, Middle, Maide	a Cumamal	
BE C	John Francis Bra	ayden				Matilda G		
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Rural	Route Number, City or To	wn, State, Zip Code)	
F	Elwood Brown		6419	Locust	Lane, Sv	kesville,	MD 217	84
	20a. METNOD OF DISPOSITION 1 General Disposition Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communica	al from State cem	PLACE AND DATE Of the left, crematory or other	DISPOSITION			OCATION — City of	Town, Sista
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE Ronald Was	de. Dir	22. NAME	AND ADDRESS OF FA	CLUTY State	Anatomy	Board
	Binard De	/ /1	8/18/92	655	W. Baltim		_	.,MD 21201
	23. PART I. Enter the diseases, Dr cor shock, or heart fellure. Lis iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Acute Myou	a CONSEQUENCE OF	Handle War	node of dying, such	logenic S	hxk	Approximete Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO JOR AS A	CONSEQUENCE OF	rang_	018000			
CERTIFICATION	CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)					
55								
MEDICAL	PART II, Other algnificant conditions of	contributing to deeth be	ut not resulting in	the underly	ing csuse given in	PERFO	N AUTOPSY PRIMED? 2 NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)		
PHYSICIAN:	EXAMINER?	OSPITAL: Inpatient 2 - ER/Outp		OTHER:				
=	27. MANNER OF DEATN	26a. DATE OF INJURY	26b. TIME		ome 5 Realdence	28d. DESCRIBE NOW	IN HIEV COCUPED	
BY PI	1 Natural 5 Pending Investigation	(Month, Day, 1915)	INJU	RY V	YORK?	200, DESCRIBE NOW	INJUNY OCCURED	
	3 Sulcide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st	reet, factory, of	lice	28f. LOCATION (Street City or Town, State	and Number or Rur))	al Route Number,
COMPLETED	one) 2 MEDICAL EXAMINER:	N: To the best of my knowl On the beals of exemination						e(a) and manner as stated.
TO BE	296. BIGNATUNE AND TITLE OF CENTIFIER	m.D.			29c. LICENSE NUI	186	29d. DATE SIGN	ED (Montif. Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	ATN (ITEM 27) (Type, 1 102018	SRTY ,	a. Q	OS/ESRUR	6 Mo	21184
	31. DATE AUG 19 1992	12 REGISTRAR'S SIGNA	ATURE	2				.,,,,

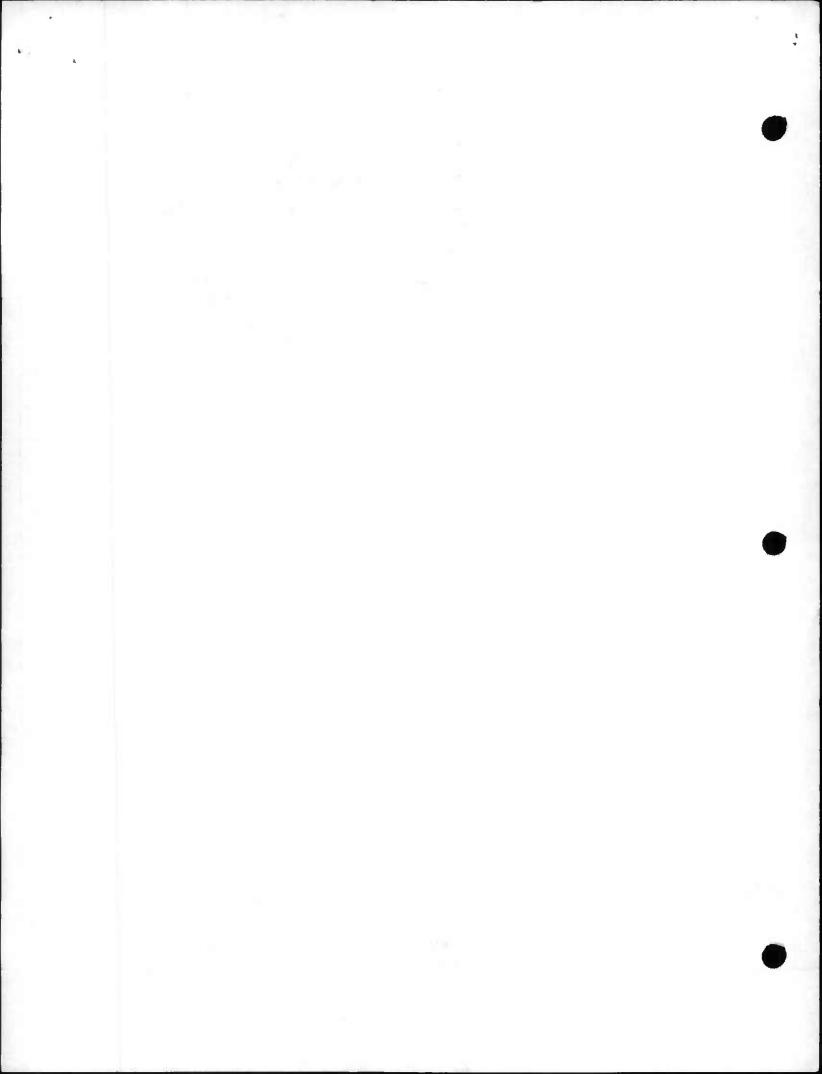
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALLIMORE, MAR	MALENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	ALFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should the after death with the State Dect. of Health and Mental Molete prior to burial, cremation, or removal	MT if the 28 is marked or tem 23 shows any lateur, or other traumatic event the madical examiner must be matted
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ALL MECONDS, F.O. BOA 88780,	DING	ACTAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the in after death with the State Deor, of Health and Mental Hotelee prior to burlat, cremation, or removal	E
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FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

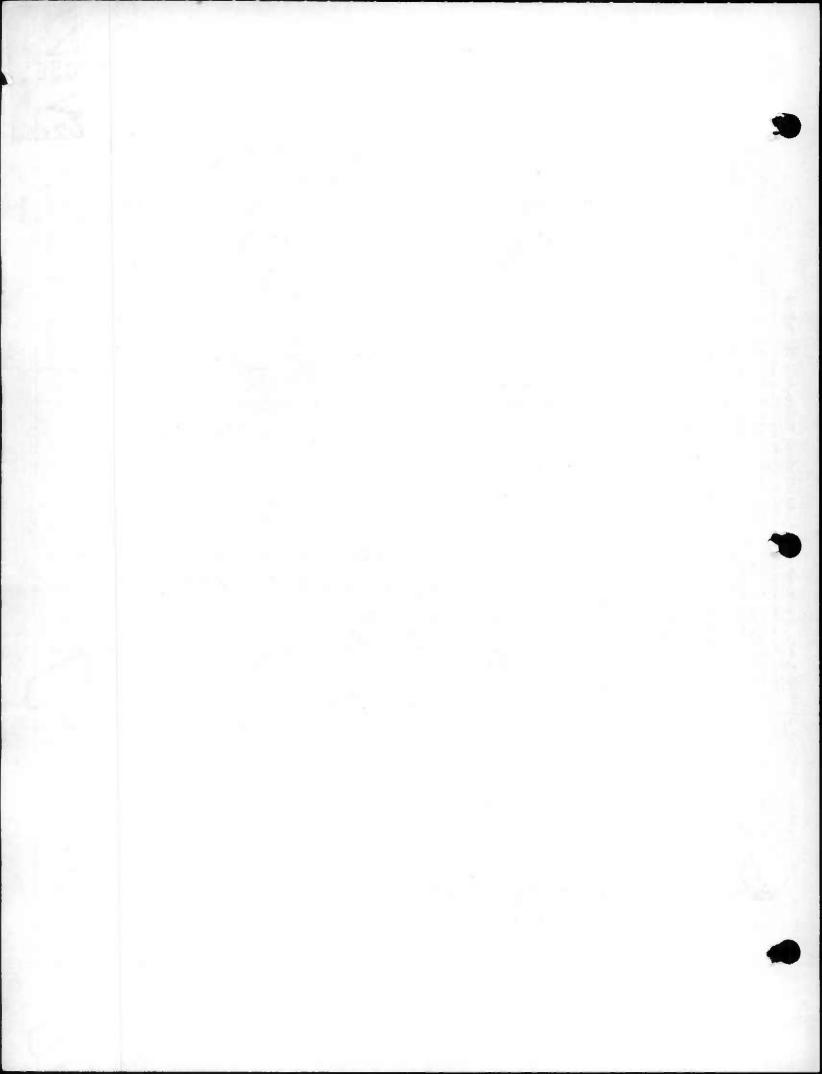
	* REGISTRAR		OLITIII	ICATE OF	DEALL	REG. N	O.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	Sophie Smith B1	umenfeld				MONTH And 10	1000	YEAR	6.30 A M
	4. SOCIAL SECURITY NUMBER				The second second second	Aug. 18,	1992		0.30 11
			(In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIFTTN (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign y)
9	553-22-4649		87 YRS.			12-25-19	04	Fra	nce
	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COU	NTY OF D	
1 5	Augsburg Lutheran	Home		Loche	earn		Ba1	timo	re County
IE	RESIDENCE OF DECEDENT			20011			Dul	CIMO	re obdire)
DIRECTOR	10a. STATE 10b. COUNTY	Y	10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
1 5	Maryland Balti	more County	I.o	chearn				- 1	LIMITS?
	10s, STREET AND NUMBER		1 20		r. ZIP CODE		10-000	2501 05 11	VHAT COUNTRY?
₹	6011 6 5: 11 D1			""					YHAI COUNTRY?
l 및	6811 Campfield Rd				21207		US	A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES				NIC ORIGIN? (Specify 'an, Puerto Rican, etc.)	les or No-	14. RACE	- American Indian, k, White, atc.
B	1 Never Married 2 Merried 3 4 Widowed 4 Divorced	IF YES, GIVE WAR OR			3 2 NO Specif			Speci	
	3 Wilder 4 Divided								White
Щ	15. DECEDENT'S EDUC (Specify only highest grade			USUAL OCCUPATI		16b. KIND OF E	USINESS/INC	USTRY	
[4]	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	e retired.)	ost or working	1			
	12 years		Millen	er		Famil	y Bus	ines	S
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meid	n Sumamai	-	
	Morris Smith								
BE	19a. INFORMANT'S NAME (Type/Print)					ta Lipsch			
2						Route Number, City or T			
	Mrs. Natalie Weis	feld	24 Bre	ton Hill	l Rd. Apt	2A Balti	more,	MD	21208
	20s. METHOD OF DISPOSITION (C) Burlal 2 □ Cremation 3 □ Remo		b. PLACE AND DATE		ame of	OATE 20c.	OCATION -	City or To	wn, State
	4 Donation 5 Other (Specify)	- V	metery, crematory or o. Eden Memo	rial	8-21	1-92 Mis	sion	H+11	s, Cal.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME A	ND ADDRESS OF FA	CILITY			
	· be VA	0 51		Lori	ng Byers	Funeral I	irect	ors,	Inc.
	Jour K Fr	you of		8728	Liberty	Rd. Rand	lallst	own,	MD 21133
5	23. PART V. Enter the diseases, or o	complications that cause	d the death. Do r	not enter the mo	ode of dying, suc	h as cardiac or res	piratory an	reat,	Approximata
	shock, or heart failure.	List only one cause on	each line.		T				Onset and Death
	disease or condition	NI	DOAR NI	4	LINICA	RCTION			Ollege and Death
	resulting in death)	. / / 9	UCATA DII		12,01-11	ACT (UIV			
		DUE TO (OR AR							
6		DUE TO (OR AS	A CONSEQUENCE OF						
NO	Sequentially list conditions.	b	A CONSEQUENCE OF	n:					
ATION	Sequentially list conditions, if any, leading to immediate	b		n:					
CATION	Sequentially list conditions,	bDUE TO (DR AS	A CONSEQUENCE OF	F):					
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (DR AS	A CONSEQUENCE OF	F):					
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO (DR AS	A CONSEQUENCE OF	F):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (DR AS	A CONSEQUENCE OF	f):					
5	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (DR AS	A CONSEQUENCE OF	f):		Part i. 24a. WAS	N AUTOPSY DRMED?	24b.	WERE AUTOPSY FINDINGS
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EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (DR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONS	in the underlyin		Part i. 24a. WAS	ORMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	b. DUE TO (DR AS	A CONSEQUENCE OF	in the underlyin		Part i. 24a. WAS	ORMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition FRETSRA	b. DUE TO (DR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONS	in the underlyin	g cause given in	Part i. 24a. WAS / PERF- 1 - YES	ORMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	ERTIFICATE	OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Leel)	Wade H.	Cre	swell		2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-10-3701 9e. FACILITY NAME (If not institution, give s	1XXM 2 □ F 90	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN. OR LOCATION OF DE	7. DÂTE OF BIRTH (Month, Day, Wer) JUNE 26,	1902	THPLACE (State or Foreign intry) MCI .
CTOR	Bel Air N. & Conv		e	Bel A		AIH	Harford	
L DIRECTOR	Md . 10e. STATE	Baltimore	10c. CITY	, TOWN OR LOCA	Kings	ville	100 CITIZEN O	10d. INSIDE CITY LIMITS? 1 YES 2 NO F WHAT COUNTRY?
FUNERAL	70	18 Mt. Vista			210	087	U.S.	Α.
BY	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		ilC ORIGIN? (Specify Yen, Puerto Rican, etc.) /:	BI	ACE — American Indian, ack, White, etc. pecify:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8 VIS •	CATION completed) Coffege (1-4 or 5+)		usual occupation of done during more retired.)	Income		tile Saf	
BE COM	17. FATHER'S NAME (First, Middle, Leet)	C. Carroll Cr	eswell		16. MOTHER'S NA Cat	ME (First, Middle, Melder herine		
TO B	190. INFORMANT'S NAME (Type/Print) Mrs. Grace Richt		701	8 Mt. V	sta Rd.	Route Number, City or Too Kingsvill	e,Md. 21	087
	20a, METHOD OF DISPOSITION 1\(\) Suriel 2 \ Cremetion 3 \ Rem 4 \ Donetion 6 \ Other (Specify) \ 21. SIGNATURE OF FUNERAL SERVICE LIK	Games and Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Games Ga	other place) ardens o	f Faith	metery, cremetory or	17_92 R	OSSVILLE	Md
	E. F. Las	//		11750	Belair	Rd.Kingsvi	ssahn Fu lle,Md.	neral Home 21087
CERTIFICATION	23. PART I. Enter the diseases, or abock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielty list conditions, if emy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e. Pulsa DUE TO (OR AS A	CONSEQUENCE OF	leer d	accident	to a cerdlec or reach	mya.	Approximate interval Between Onset end Desth. / Welch
PHYSICIAN: MEDICAL C	PART II. Other algnificent condition	na contributing to death bu	ut not resulting	In the underlyin	g ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	neck only one)		
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Output 28s. DATE OF INJURY (Month, Day, Yeer)	26b. TIM	E OF 28c. IN	JURY AT DRK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm,	street, factory, offi	ce	281. LOCATION (Street City or Town, State		rel Route Number,
COMPLETED	(Orack Gray	ER: On the best of examination						se(e) end manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Zenste	day	0	29c. LICENSE NU D 2/4		≥ S/	Month, Day, Year)
Т	30. NAME AND ADDRESS OF PARSON WE Dr. Robert Rose 31. DATE FILED (Mg/th, Dey, Year)		. 2602		Dr.Falls	ston. Md.	21047	877-1924
	AUG 1 9 1992	fund Dangson-Non						



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

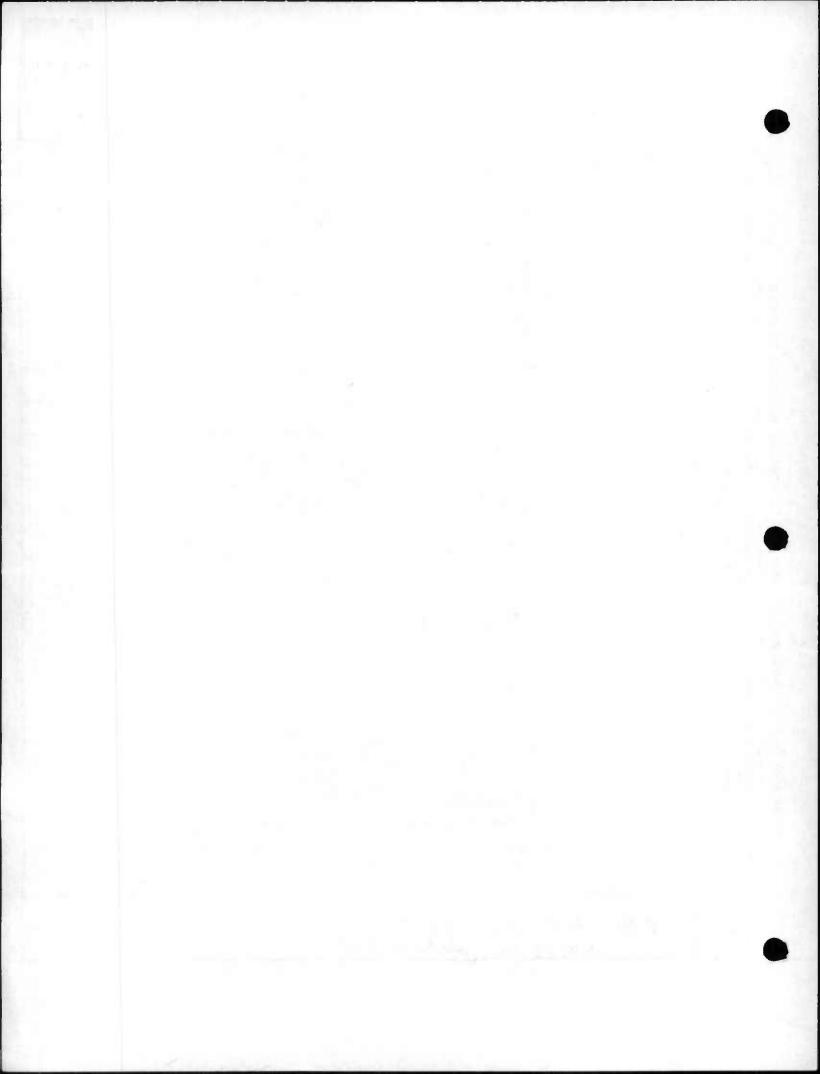
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32. REGISTRAR'S SIGNATURE

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH		YEAR 3. TIME OF DE
	DR. JEROME	S.		CHLLEN							992	10.4
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, De	BIRTH	1	8. BIRTHPLACE (State or
	215-05-0193	1 🛣 M 2 🗌 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	OCT.	24,19	18	Country) ILLINOIS
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY,	TOWN O	R LOCATI	ON OF DE				TY OF DEATH
	THE JOHNS HOPKI	NS HOSPI	TAL		BA	LTI	MORE	CIT	Y			
	RESIDENCE OF DECEDENT											
1	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN O	LOCAT	ION					10d, INSIDE CIT
DIRECTOR	FLORIDA PA	LM BEACH		PAI	LM BE	ACH	GARI	FNS				1 YES 2
1	10e. STREET AND NUMBER									1,	On CITIZI	EN OF WHAT COUNTRY?
LONERAL	13403 TOUCHSTON	E PLA., E	BLDG A.	, APT	.102		ZIP COD	3418			USA	
Ĕ	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN II C	ADMED	1 49 4	MC DEC	EMPENT C	E HIODAN	NIC ORIGIN? (S		1.	
	1 Never Married 2 X Married	FORCES? 1	YES 2		H	yes, spe	city Cube	n, Maxica	in, Puerto Rica	n, etc.)	No- 1	 RACE — American Inc Black, White, etc.
	3 Widowed 4 Divorced	IF YES, GIVE W	WWII-	MAVV	1	YES	2 NO	Specify	y:			Specify:
,	15. DECEDENT'S EDU	ICATION		DECEDENT'S	HEIMI OC	CHIDATIO	M.		405 405			WHITE
בו בני	(Specify only highest grade	e completed)		(Give kind of life. Do NOT u	work done di	uring mos	et of workli	ng	16D. KIP	ID OF BUSIN	ESS/INDU	ISTRY
	Elementary/Secondary (0-12)	College (1-4 or 5 a) (ORTHOD		ST.			DEN	TISTR	v	
COMPL		<u>5</u> +										
3	17. FATHER'S NAME (First, Middle, Last) MORRIS CULI	FN							ME (First, Midd		mame)	
7		JEIN					A	ININA	GIVNER			
2	19s. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street ar	nd Number	or Rural I	Route Number, (City or Town, S	State, Zip C	Code)
	MRS. CARMEN CULI	EN		3417	JANE	HLE	N DR	. B	BALTIMO	RE.MD	212	08
	20%. METHOD OF DISPOSITION		20b.PLA	CE AND DATE				•	DATE	r -		ity or Town, State
	f Burial 2 Cremation 3 Rem	noval from Stata	cemetery.	INGTON	ther place!			(Otal				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSUE -O	- ARL	TINGTON	22 N	AME AN	D ADDRE	SS OF FA	D\ TO\	92 BA	L.T.IA	ORE, MD
	/	A4-00							& BROS	TN	C.	
	Hegaling L.	Wille	can						OWN RD			, MD 2121
	23 PART I. Enter the diseases or	complications the	t caused tha	deeth. Do	not enter	he mod	de of dy	ng, suc	h as cardiac	or reapirat	ory arres	st, Approxim
	ahock, or heart failure. IMMEDIATE CAUSE (Finel	List only one ceu	ise on each i	line.						20 -	4-	Interval I
	disease or condition	0	0 .	-	/)	6	/	F A	med	Mb.	2
	resulting in death)	a. DUE TO	(OR AS A CON	SECULENCE O	<u>ررد _</u>	00		/ 1	EMD	0.	9 10	
		DOE 10	(011 42 4 660)	SEGUENCE O						-	200	there !
5 J		0	1		r):		11 -	-			200-0	two 2
5	Sequentially list conditions,	a and	2000	ny	in	sur	fi	سقر	en		30°C-4	21
2	If any, leading to immediate	b. Que TO	(OR AS A CON	SEQUENCE O	in	ong	fi	سقر	7		****	21
2		a Dan	al.	fail	in Due	one	fi	سقد	7			2 d 2 d
ILICALIO	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a Dan	(OR AS A CON	fail	in Due	surj	Bi	سقد	7		3864	2 d 2 d
Eniricalio	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a Dan	al.	fail	in Due	suf	fi	سقد	7			2 d 2 d
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Due to	(OR AS A CON	SEQUENCE O	in Fi: Luce Fi:	suf	fin	مقد	7			2 d
	If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. Due to	(OR AS A CON	SEQUENCE O	in Fi: Luce Fi:	lerlying	Cause (given in	Part I. 244	. WAS AN AUTPERFORME		2 d 2 d 2 d 24b. WERE AUTOPSY AMALABLE PRIO
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Due to	(OR AS A CON	SEQUENCE O	in Fi: Luce Fi:	lerlying	Cause (given in			D?	AVAILABLE PRIOR
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	If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition CALA (ALAA) 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	c. Due to d	(OR AS A CON	SEQUENCE O	F):	28. PL	ACE OF D	EATH (Ch	1 [PERFORME VES 2	D?	AVAILABLE PRIOR COMPLETION OF OF DEATH?
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בובם בו יוויסוסוטיי: יייבסוסיד	If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition CALA (ALLA) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO d. HOSPITAL: Tylinpatient 2 C 28e. DATE OF (Month, Deliverance) 28e. PLACE Of building,	death but not be seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen as a condition of the seen	ot resulting	OTHER 4 Nursil	28. PLJ: ing Home 28c. INJU WOF 1 Y	ACE OF D	EATH (Christdence	eck only one) 6 Other (Sp 26d. DESCRIII 28t. LOCATIO City or 70	PERFORME YES 2 Peocity) BE HOW INJU N (Street and wn, State)	NO NO Number or	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 JRED JRED F Rural Route Number,
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COMPLETED BY PHYSICIAN. MEDICAL	If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition CALA GALANIA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO d	death but not leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leave to the leav	ot resulting	OTHER 4 Nursi	28. PLJ: ing Home 28c. INJU WOF 1	ACE OF D	EATH (Che isidence) NO and due	eck only one) 6 Other (Sp 28d. DESCRII 28t. LOCATIO City or To to the cause(a time, data and	PERFORME YES 2 Pecify) BE HOW INJU N (Street and wn, State) and manner place, and delighted	NO NO NO Number or as stated us to the c	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 JRED Frank Route Number, 1. cause(a) and menner se

HOSPITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



215-0020	attending physician.	use as the burial-transit permit.	
BALTIMORE, MARYLAND 21215-0020	3 may be retained by the hospital o	tor, page 5 should be detached for	ust be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	t the death certificate be executed	by the attending physician and con nd Mental Hygiene prior to burial,	injury, or other traumatic er
OF VITAL RECOF	PHYSICIAN: The law requires that	this certificate has been signed by with the State Dept. of Health at	arked, or item 23 shows any
DIVISION	THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is ma

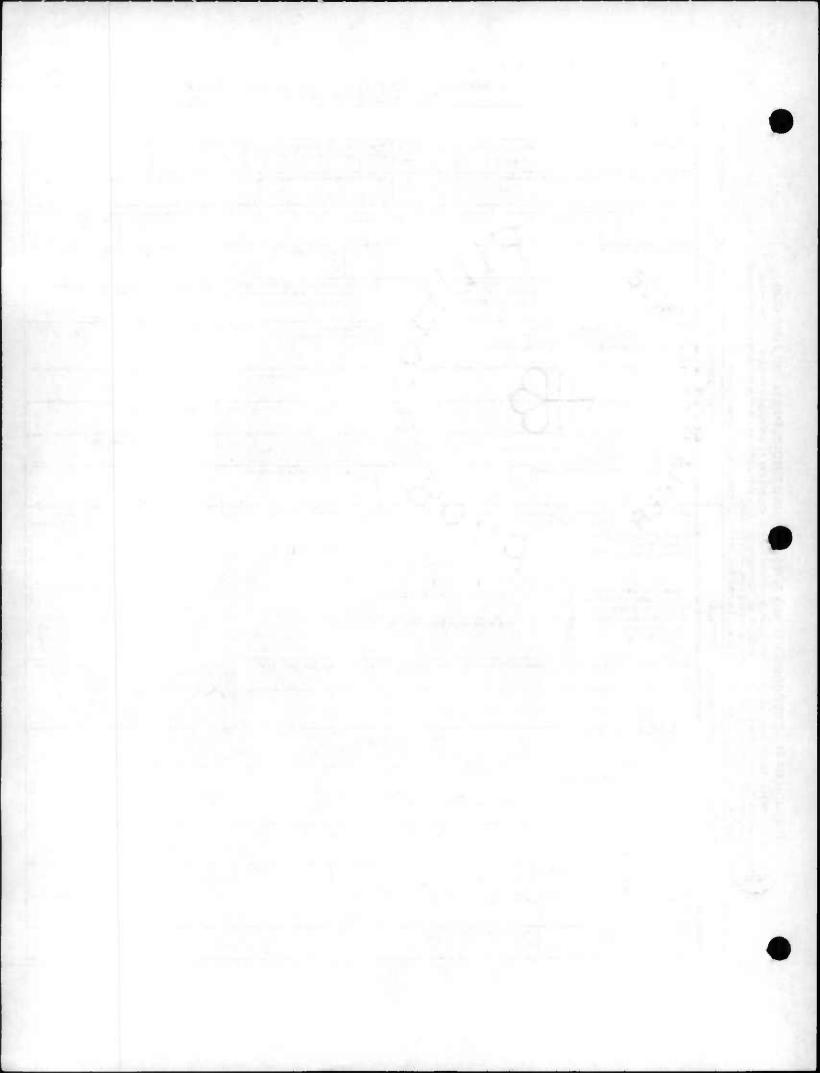
	Bessie Cohen		6 4 6	4 4 1	MONTH		YEAR 3. TIME OF DEATH I
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		IRTH 0.	BIRTHPLACE (State or Foreign
	213-05-1076 10 M2XF	80 YRS	MONTHS DAYS	HOURS MIN.	(Month, Day		MARYLAND
nc	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN O		DEATH		Y OF DEATH
DIRECTOR	Singi Hospital		80	ITIM	nore		
3EC	10a. STATE 10b. COUNTY	10c, CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY
	MO	P	BALTIMORI	E			LIMITS?
₹	10e. STREET AND NUMBER		101.	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	5511 NOME AVE.			2.	1215		USA
BY	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 FYES, GIVE WAR	YES 2 NO	13. WAS DECI If yea, spe 1 YES	ecify Cuben, Mexi	PANIC ORIGIN? (Spicen, Puerte Ricen, city:	ecify Yes or No — 14 , etc.)	Black, White, etc. Specify: HITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	rork done during mos	iN st of working	16b. KINS	D OF BUSINESS/INDUS	TRY
LE	Elementary/Secondary (0-12) College (1-4 or 5 +)	ille. Do NOT use	e retired.)			CT OTTE	ITNO
N C	12 17. FATHER'S NAME (First, Middle, Lest)	JG.	EAMSTRES			CLOTH	IING
	MORRIS ABRAMSO	INT		18. MOTHER'S R	NAME (First, Middle SARAH		COLDMAN
BE	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street at	nd Number or Run		Ity or Town, State, Zip Co	
2	ALBERT COHEN		L NOME A		LTIMORE		
	20a. METHOD OF DISPOSITION t □ Buriel 2 □ Cremation 3 □ Removal from State	20b. PLACE AND DATE OF	F DISPOSITION (Na	me of	DATE	20c. LOCATION — City	
	4 🗀 Donation B 🗆 Other (Specify)	KNESSETH I	ISRAEL A	NSHE KO	LK 8/18	/92 BA	ALTO., MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	LEVINSO	N & BROS	S., INC.	
	23. PART I/Enter the diseasea, or complications that ca	5	6010	REISTE	RTOWN RI	D. BALTO.	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	PIRATI AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF));	NEUM	ONI	4	Interval Between Onset and Daath
: MEDICAL	PART II. Other aignificant conditions contributing to dea	ith but not reaulting in	the underlying	cause given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HQSPITAL:		26. PLA	ACE OF DEATH (C	theck only one)		
14S	1 YES 2 NO Impetient 2 ER	I/Outpetlant 3 DOA 4	4 - Nursing Home		1		
BY Pt	1 Netural 5 Pending (Month, Day, 16 2 Accident Investigation	fear) INJU	M 1 V	RK7 ES 2 NO		E HOW INJURY OCCUR	
ETED	4 Homicide detarmined	JURY — At home, farm, str (Specify)	reet, fectory, office		28f. LOCATION City or Tow	(Street and Number or F rn, State)	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examiner.	xnowledge, death occurred nation and/or investigation	d at the time, data a , in my opinion, de	and place, and du	e time, deta and p	and manner as stated. place, and due to the co	puse(a) and manner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIER AND IL MARINO M. A	0-		29c. LICENSE NU	JMBER	29d. DATE SI	IGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type, F	Print)				
	31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S :	SIGNATURE	. (20)				

DHMH-16 Rev 1/89

1017-71281100

Items 23 Part I,27, per MEO, G-692, 10/8/92 gn

1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AI		HYGIENE REG. NO.	26	22853
1. DECEDENT'S NAME (First, Middle, L	ast)	DEVA			OF DEATH DAY	1992	3. TIME OF DEATH 4:54 a
4. SOCIAL SECURITY NUMBER 217-86-1505	1 💢 M 2 🗆 F	15 YRS. MC		7. DATE (Month 8 – 2	OF BIRTH 1, Day, Year) 2 - 76		PLACE (State or Foreign
96. FACILITY NAME (If not institution,) UNION MEMORIAL RESIDENCE OF DECEDEN	L HOSPITAL	9	BALTIMORE	OF DEATN	9c. CO	UNTY OF D	EATN
UNION MEMORIAI RESIDENCE OF DECEDEN 10a. STATE 10b. CO	UNTY		own or Location altimore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 1825 Chilton 11. MARITAL STATUS			101. ZIP CODE 21218			U.S.	HAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 TYPE IF YES, GIVE WAR OF	S 2 NO	13. WAS DECENDENT OF N If yes, specify Cuben, it 1 YES 2 NO	Aexican, Puerto F			— American Indian, , White, atc. ly: a.C.K
15. DECEDENT'S (Specify only highest (Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last	EDUCATION grade completed) College (1-4 or 5+)		t done during most of working etired.)		KIND OF BUSINESS/IN		
17. FATHER'S NAME (First, Middle, Last Vaughn De Vaug		student	18. MOTHER	'S NAME (First, A	dudent Middle, Maiden Surneme)		North E
19a. INFORMANT'S NAME (Type/Print) Vaughn DeVaud	111111		DRESS (Street and Number or Hilton St.	Rural Route Numb			210
20a. METHOD OF DISPOSITION 1X Burtel 2 Cremation 3 4 Donation 6 Other (Specify)		Ob. PLACE AND DATE OF		DATE	20c LOCATION	City or Toy	um State
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NAME AND ADDRESS (OF FACILITY			
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	/ arrest and a	cute heart fail	ure			Interval Betwee Onset and Dsat
cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. DUE TO (OR AS	S A CONSEQUENCE OF):					
PART II. Other significant cond	tions contributing to death	but not resulting in t	ha underlying csuse give	on in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PLACE OF DEAT	N (Check only on	p)		
1 X YES 2 NO 27. MANNER OF DEATN 1 Netural 07 Tenname		vtpatient 3 DOA 4	□ Nursing Home 5 □ Reside F 26c, INJURY AT	28d. DE\$	(Specify) CRIBE HOW INJURY OC	CORED	
2 Accident Investigati 3 Suicide 6 Could not 4 Homicide determine	be 26e. PLACE OF INJU	RY — At home, farm, streepecify)		26f. LOC/	ATION (Street and Number or Town, State)	or Rural R	oute Number,
	NYSICIAN: To the best of my known						and manner as stated.
29b. SIGNATURE AND XITLE OF CERT	IFIER 2 C	hute no	29c. LICENSE		29d. DA		(Month, Day, Year)
30, NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF			ВАТЛТМ	ORE, MARYI		21201
AUG 19 1992	June Devidor-N						



24 hours after death. Page 6 may be retained by the hospital or attending physician. director, page 5 should be detached for the funeral or removal. filled in by completely filled rial, cremation, o Hyglene prior to burial. and attending physician signed by the atter Health and Mental After this certificate has been easth with the State Dept. of

use as the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

TENDING PHYSICIAN: The law requires that the death certificate be executed within JIVISION OF VITAL RECORDS, P.O. BOX 68760,

the

A STORY TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE

MIN192 22854 W11E 24-02 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) JAMES ALVIN DELOATCH SR. 2. DATE OF DEATH MONTH 8 DAY 15 92 3. TIME OF DEATH DELOACH Alvin James 09:15 A . 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Morith, Day, Year)
7 - 22 - 29 8. BIRTHPLACE (State or Fornior 217-24-2596 1 M 2 | F VA Sa. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE LIMITS? MO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2900 Boarman 21215 SA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Newer Married BY 4 Divorced ack COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grad Elementary/Secondary (0-12) College (1-4 or 5+) Disabled Shoffer's 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Jesse Deloatch Sr. notified at BE Agnes Jenkins 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Jessie Rich 5463 Bucknell Rd /Baltimore. MD 21206 9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must R I II Q Memorial Park Randallstown, MD or other traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY C. MARCH F.H./1101 E. WM 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) spiration Preumon 2 DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Caranon CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OPD DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any injury. PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO Urosepsis 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

12 YES 2 NO ltem. 28. PLACE OF DEATH (Check only one) OTHER Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing He me 5 🗆 Residence 8 🗆 Other (Specify) 9 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 Natural
2 Accident 5 Pending Investigation BY 15/9 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 99 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide Item 28

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

MR

1 9 1992

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

whia Levidson Randall

29c. LICENSE NUMBER

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

BE

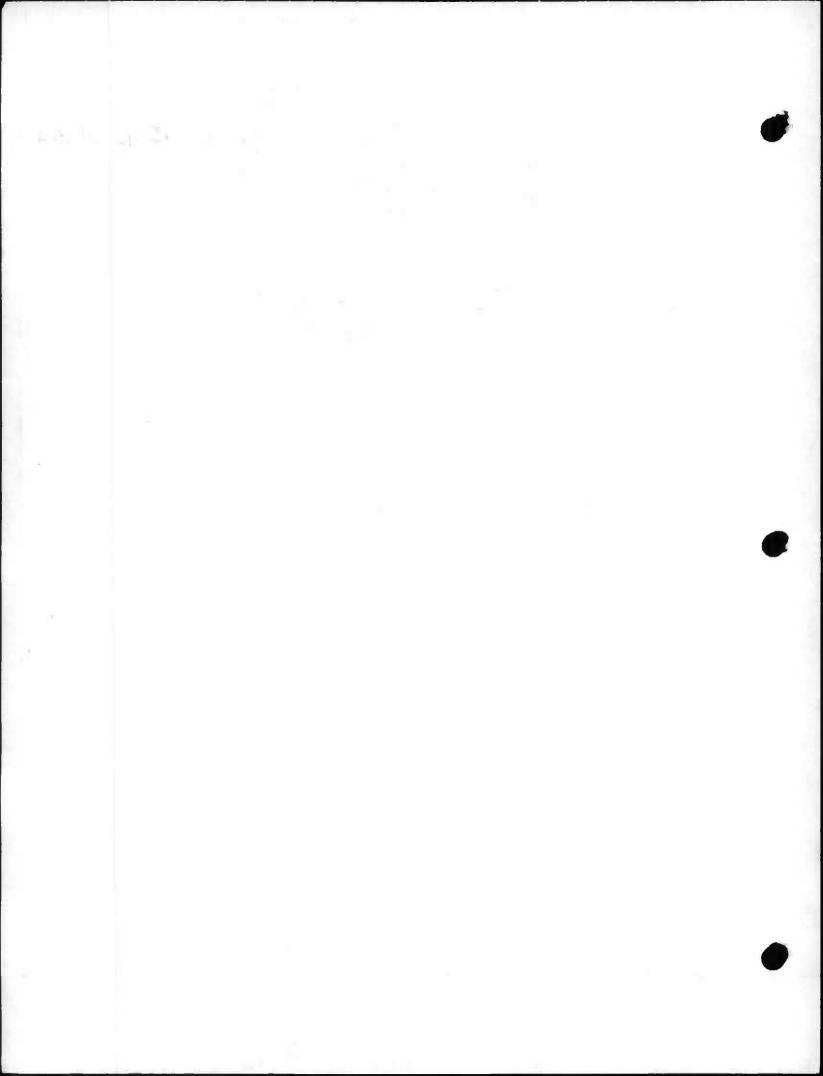
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29b. SIGNATURE AND TITLE OF CERTIFIER

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31. DATE FILED (Morith, Day, Year)

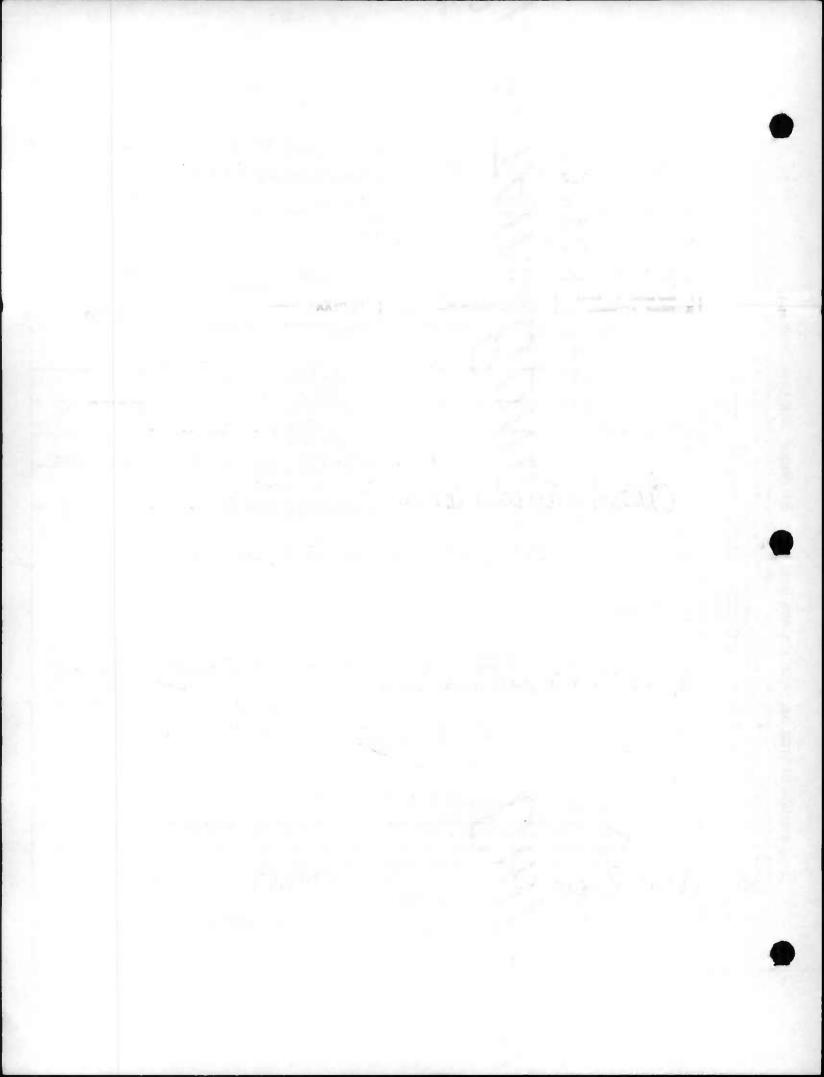
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BALTIMORE, MARYLAND 21203-3146

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PINL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a viours after death. Page 6 may be retained by the hosp	THE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached because after death with the State Been of Health and Mental Monitor Enter to burial, committed.	It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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- 1	曲	16

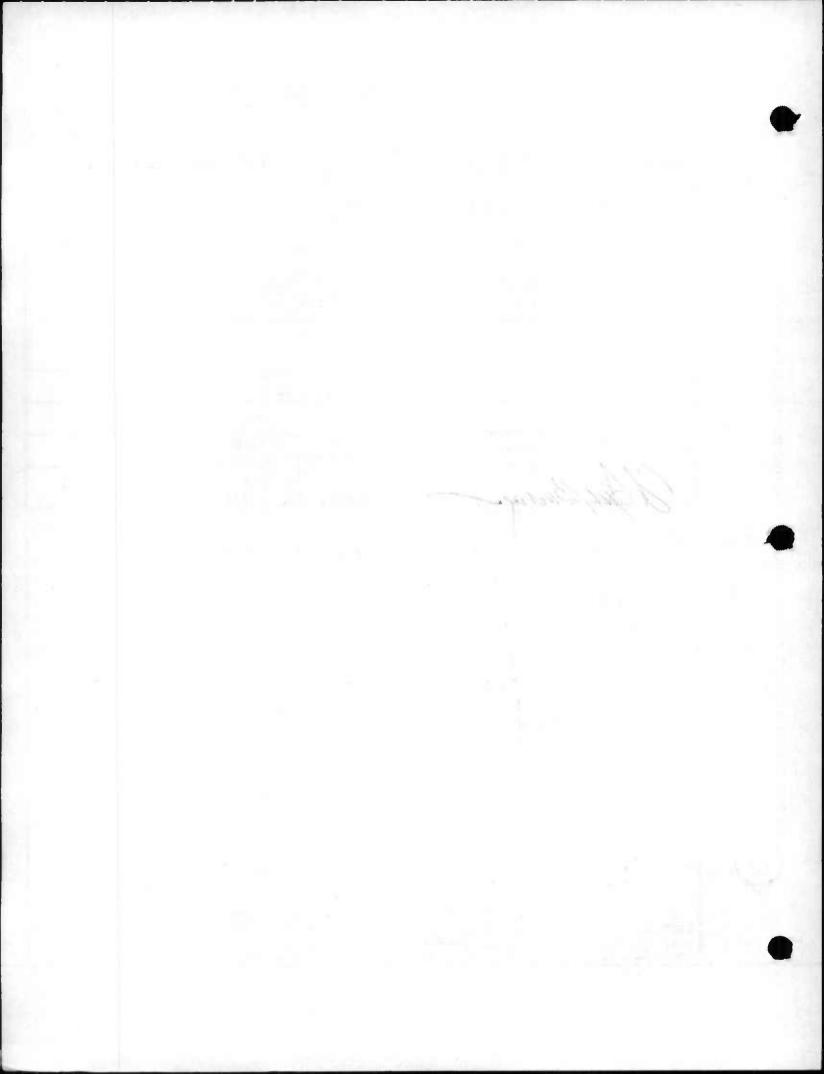
	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT	OF H	EALTH	AND I	MENTAL HYGIA		26	22000
	1. OECEDENT'S NAME (First, Middle, Last) Catherine Da	vis						2. DATE OF OEATH	DAY 1.5	YEAR 92	3. TIME OF DEATH 11:55 P M
	4. SOCIAL SECURITY NUMBER 212-70-8818 90. FACILITY NAME (II not institution, give	5. SEX 6. AG	E (In yrs. leat birthday) 92 YRS.	IF UNDER MONTHS	DAYE	IF UNDER HOURS	MIN,	7. DATE OF BIRTH (Month, Day, Year) 6/9/19	00	8. BIRTH Country	PLACE (State or Foreign timore City
TOR	Riverview Nursi				timo					altim	
DIRECTOR	10a. STATE 10b. COUNT			y, TOWN O							10d. INSIDE CITY LIMITS? 1 TES 2 X NO
	10e. STREET AND NUMBER			30202		ZIP COOE			10g. CI	FIZEN OF W	THAT COUNTRY?
BY FUNERAL	1018 Carroll Isl: 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	P	MAS DEC		F NISPAN	HC ORIGIN? (Specify n, Puerto Rican, etc.)		Black Speci	— American Indian, , White, etc.
COMPLETED	15. OECEDENT'S EDU (Specify only highest gradi Elementary/Secondary (0-12)		16a. DECEOENT'S (Give kind of life. Do NOT u	work done o se retired.)	CCUPATIO during mos	ON st of worldn	g	166. KIND OF	ekeed:	DUSTRY	
	17. FATHER'S NAME (First, Middle, Last)		- House			2007		ME (First, Middle, Maid		riig	***************************************
TO BE	LOUIS GEORGE 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street e			ne Miller Poute Number, City or	Town, State, Z	ip Code)	
F	Joseph F. Davis	1.	1018					Rd. Balt	O., MI		
	1 V Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	Sacred He	eart	of c	Jesus					maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	Funcial	Home	L	assa		unei	cal Home Road Ralt	o M	d 21	236
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AL	each line. S A CONSEQUENCE C	05C/C0							Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL CERT	PART II. Other algnificant condition	d. na contributing to death Peripheral Us	but not resulting	in the un	dariying	g cause (ilven in	PER	AN AUTOPSY FORMED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
NAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF D	EATH (Ch	eck only one)			
IYSIC	1 YES 2 WO	HOSPITAL: 1 Inpatient 2 ER/O 28a. DATE OF INJUR					eldence	6 Other (Specify)	M M H H H M O	2011050	
BY PI	1 Accident 5 Pending Investigation	(Month, Day, Year		JURY	WO	PK?] NO	26d. OEŞCRIBE NO	w moon o	CCUREO	
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, pecify)	street, fact	ory, offic	•		28f. LOCATION (Str. City or Town, St	et and Numb ate)	er or Rural f	loute Numbeç
COMPLETED	enel .	BICIAN: To the best of my kn ER: On the basic of examina) and manner as stated.
TO BE C	206. SIGNATURE AND TITLE OF CERTIFIE	(CH-CZ)				29c. LICI	966	7		S Va	(Month, Day, Year)
	31. DATE FILED (Month Day Year)	M.D. 606 H	lammonds		Ba	ltimo	re,	Maryland	2122	5	
	AUG 1 9 1992	Julia DEMESON	Mariana								



traumatic event, the medical azaminer must be notified at once.

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1	3	THE STATE OF STATE THE CENTROLINE HAS been signed by the attending phy	N
-	1	-	- 5

	REGISTRAR		CE	RTIF	ICATE OF	DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH	DEATH		YEAR 3.	TIME OF DEATI	Н
	Madge Virg	inia		dorf	f		08			92	1:50	A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De	ny, Year)		B. BIRTHPLA Country)	VCE (State or For	reign
	216-16-7170	1 🗆 M 2 💢 F	78	YRS.			Septer	nber	2,19	Country)	d.	
œ	9a. FACILITY NAME (If not institution, give str					OR LOCATION OF DE	EATH			TY OF DEAT	н	
D.	Berlin Nursing Ho	ome			Berlin				Worc	ester		
DIRECTOR	10s. STATE 10b. COUNTY			10c. CIT	r, TOWN OR LOCA	TION				100	d. INSIDE CITY	
5	Md Word	ester		Bei	lin						LIMITS?	NO
AL	10e. STREET AND NUMBER					f. ZIP CODE			10g. CITIZI		COUNTRY?	
E	Lot 23 Sunset Tra	ailer Par	k			21811			USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED	13. WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (S	pecify Yea	or No- 1	4. RACE - Black, W	American India	n,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			2 X NO Specify		n, etc.)		Specify:	A PARTIE OF	
	15. DECEDENT'S EDUC	ATION	I ste DE	CEDENTIA	USUAL OCCUPATI	A.,	District Control		100000000000000000000000000000000000000		White	
E I	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(G/	ve kind of w Do NOT us	ork done during meretired.)	ost of working	166. KIN	10 OF BUS	INESS/INDU	STRY		
2	8	College (1-4 or 5+)		mema			H	omem	aker			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1		ittei	18. MOTHER'S NAI						
BEC	James Davis					Jenny						
	19a, INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (Street	and Number or Rural F	Route Number, (City or Town	, State, Zip C	Code)	-	
2	Mervin Deardorff		L	ot 2	3 Sunse	t Trailer	Pk, B	erlin	, Md	. 21	811	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	val from State	20b. PLACE A	ND DATE C	F DISPOSITION (N	ame of 8/	19/92	20c. LOC	ATION — CI	ty or Town,	State	
	Donetion 5 Other (Specify)		Susqu	iehar	na Men	orial Gar	dens	Dal	lastov	vn, P	'a	
	21. SIGNATURE DE JUNEPAL SERVICE LICE	NSEE			22. NAME A	nd address of FAC	CILITY					
	1 19xx/34	star.				n, Md.		nne,	100 1	viillai	is st.	
	23. PART I. Enter the diseases, or co	emplications that	ceused the dea	ath. Do n	ot enter the mo	de of dying, such	as cardiac	or reapir	atory arres	nt,	Approximat	ta
	shock, or heart failure. L	at unity due caus	e on sech line.								Interval Bat Onset and	twean
	disease or condition	100	a of	10	na/	Small	10011	1)			Ollegt allo	Death
	resourcy in deathy	DUE TO (OR AS A CONSEC	UENCE OF):	3.114/		-				
z I			mola							d	77	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	UENCE OF	*							
흔	CAUSE (Disease or Injury											
ĖΙ	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEO	UENCE OF):							
										-		
. 11	PART ii. Other significant conditions						Part i. 24s	. WAS AN			RE AUTOPSY FIN	
EDICAL		1 /200	t the	KIL	vne		1	PERFORM		CO	ILABLE PRIOR TO MPLETION OF CA	
	Chronic	065	+ HU	100	a in	Disch.	_ '	- 1350		1	DEATH?	0
ä	12 nhe	NIES -	lero.	15			_					
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:				ACE OF DEATH (Che	ck only one)					
YS	1 YES 2 NO	1 🗆 Inpatient 2 🗀		□ DOA	OFHER:	e 5 🗆 Residence	a C Other (Sp	ecity)				
표	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF II (Month, Day		28b. TIME		URY AT	28d. DESCRIE	BE HOW IN	JURY OCCU	RED		
BY	1 Natural 5 Pending 2 Accident Investigation					rES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF building, e	INJURY — Al hon tc. (Specify)	ne, ferm, s	reet, factory, offic	•	281. LOCATIO City or To	N (Street an wn, State)	nd Number or	Rural Route	Number,	
COMPLETED												
린	29a. CERTIFIER (Check only one)	AN: To the best of n	ny knowledge, des	th occurre	d at the time, date	and place, and due	lo the cause(a) end menr	ner as stated			
ō I	2 MEDICAL EXAMINER	On the basis of axe	mination and/or in	vestigation	, in my opinion, c	eath occured at the t	time, deta and	place, end	due to the	couse(a) and	menner se ste	ted.
BE	295. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUM		T			nth, Day, Year)	
0	Lower		7			D0202	26		► B	77.	92	
	30. NAME AND ADDRESS OF PERSON WHO Fedrico Arthes	M D 14	OF DEATH (ITEM	27) (Type,	Print)	-14	01611					
	Fedrico Arthes,			111 P1	nes, Be	riin, MD	21811					
	AUG 19 1992	32 BEGISTRAR	- Jandale									
	AUG 1 1332 d"											



BALTIMORE, MARYLAND 21215-0020	4 nours after death. Page 6 may be retained by the hospital or attending physician.	DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be house after the heart of Hearth and Merrial Health and Merrial burial cremation, or menoal	medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundal hours after death with the State Dest. of Health and Mental Hydiene prior to burial, cremation, or nemonal	if item 28 is marked or item 23 shows any injury or other traumatic event, the medical exeminer must be notified at once

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIFICAT	<u> </u>	DEATH	Land	REG. NO				
T.TT.T.TAN	Alberta		DUPO	ידער		08 DATE	of DEATH	AY	9ZEAR	3. TIME OF 3:05	DEATN A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last	7010.	ER I YEAR	IF UNDER 24 HRS.	_	OF BIRTN			NPLACE (State	
266-46-6569	1 M 2 🕸 F	57	YRS. MONTH	T	HOURS MIN.		th, Day, Year) 8-35		Count		or rorwigh
9a. FACILITY NAME (If not institution, give str 1809 W.PRATT STRI			1000	- 1000	ORE CITY	DEATN		9c. COUI	NTY OF I	DEATN	
10a. STATE 10b. COUNTY Maryland			Baltin		FION					10d. INSIDE	?
10e. STREET AND NUMBER			201101		. ZIP CODE			10a. CITI	ZEN OF	WHAT COUNT	
1809 W. Pratt S	St.				21231			100	5.A.		
11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced		IT EVER IN U.S. ARM YES 2 X NO WAR OR DATES		If yes, sp	ENDENT OF NISPA ecity Cuban, Maxic 2 NO Spec	an, Puerto	N? (Specify Ye Rican, etc.)	or No-	Spec	E — American ck, White, atc. cily: ite	Indian,
15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DEC	EDENT'S USUAL	OCCUPATION	ON	160	. KIND OF BU	SINESS/IND			
Elementary/Secondary (0-12) SYTS	College (1-4 or 5	+)	e kind of work don Do NOT use retired Housewil	_	ast of working		Own	Home			
17. FATHER'S NAME (First, Middle, Lest) Unknown	1-9	Dupont			18. MOTNER'S N	AME (First,	Middle, Malden		isec	lair	
19a. INFORMANT'S NAME (Type/Print) Estelle Mitchell	- (17)				ond Number or Rural						
20a. METHOD OF DISPOSITION											
1 Burial 2 KCremation 3 Ramo	val from State	cemetery, crem	ND DATE OF DISPO	0)		DAT		CATION —	City or To	own, State	
4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	ENGEE	- [Hillto	op Servi	COC	OTD	8-1	8 I To	wson,	Md		
		-9					0 10	WOOII	1-1101		
1 /hu	41	M	2:	Ruck 1050	Towson York Ro	Fune f. To	ral Ho	me, I	Inc. 2120		
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications the lat only one cau	it caused the deales on each line.	eth. Do not ente	Ruck 1050 ar the mo	Towson York Ro	Fune f. To	ral Ho	me, I	Inc. 2120	4 Appro	
shock, or heart failure. Limited in the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shoc	omplications that let only one caused by the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	WOUNDS	oth. Do not ento	Ruck 1050 ar the mo	Towson York Ro	Fune f. To	ral Ho	me, I	Inc. 2120	4 Appro	iximate al Betwe- and Des
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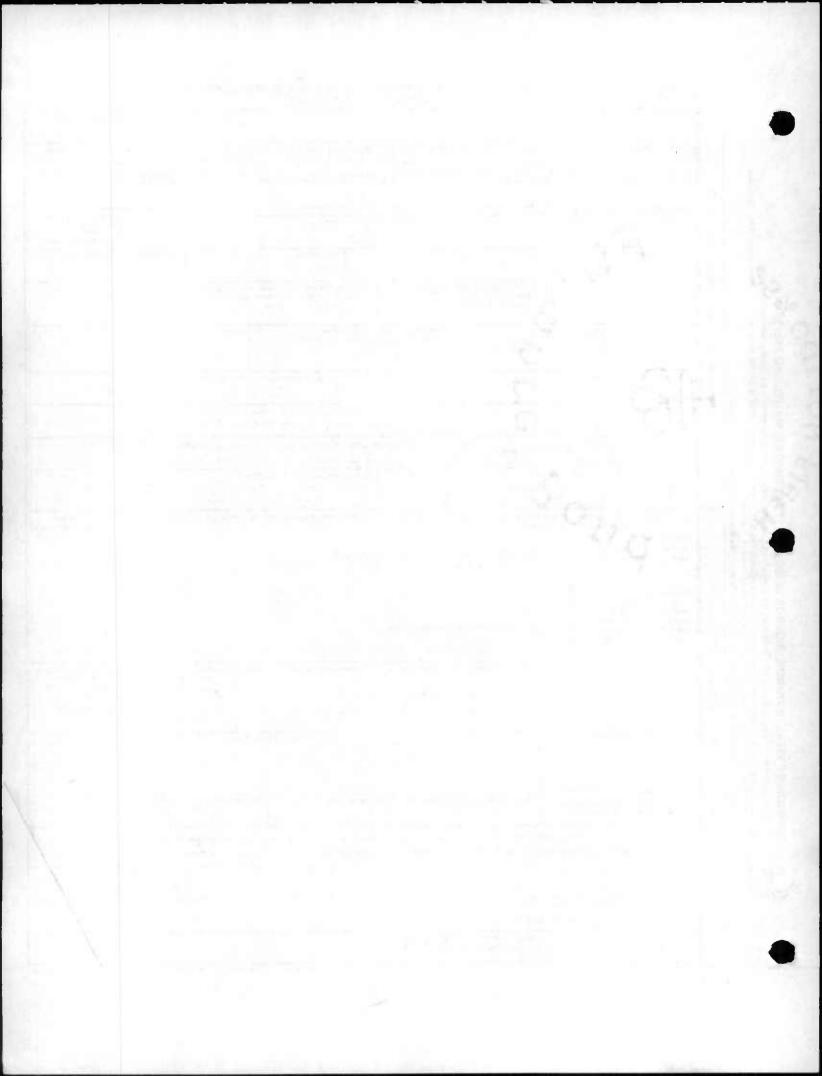
31. DATE FILED (Month, Day, Year)

AUG 19 1992

G. WRIGHT

DHMH-18 Rev 1/89

111 PENN STREET, BALTIMORE, MARYLAND 21201



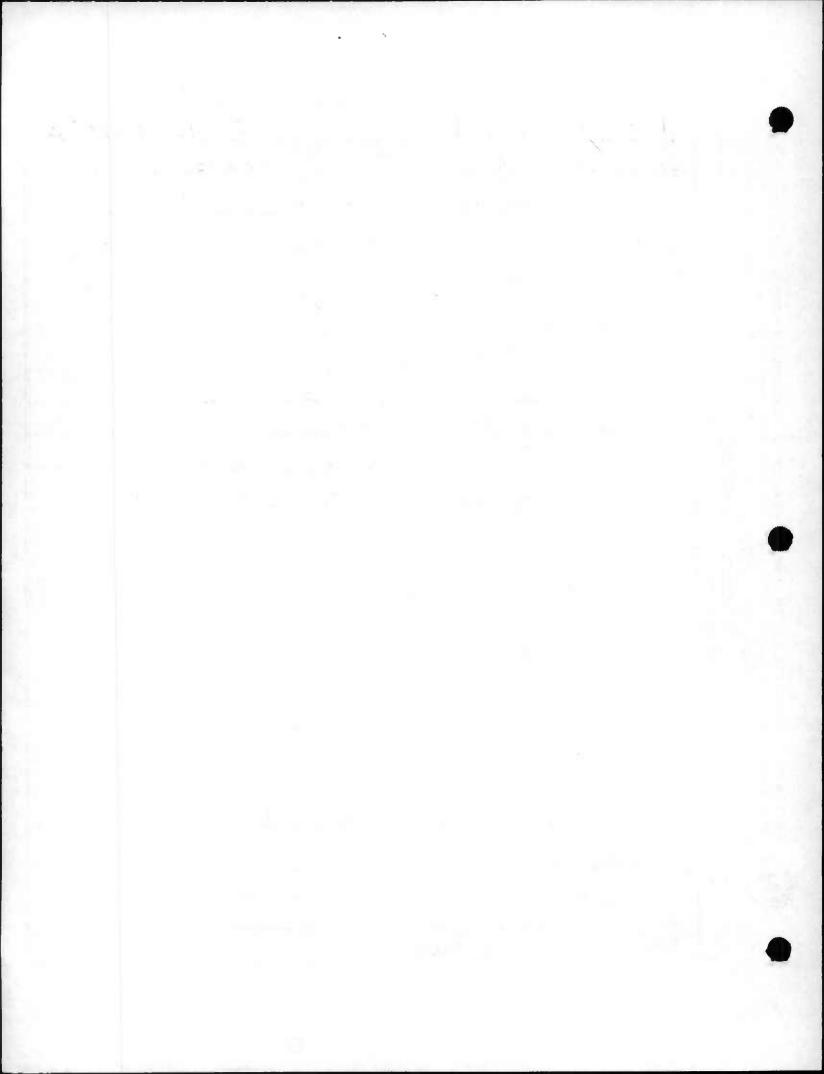
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 'T'S NAME (First, Middle, Last), 2. DATE OF DEATH 4. SOCIAL SECURITY NUMBER AC S. SEX IF UNDER ! YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (St. 1 M 2 KF 25. filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ion, or removal. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH COMPLETED BY FUNERAL DIRECTOR RESIDENCE 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? SAITO. TYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 1 610 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No II yes, specify Cuban, Maxican, Puarto Rican, stc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 TES 2 NO 3 Widowed Specify: ∮ ☐ Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Str. 2 20e, METHOD OF DISPOSITION

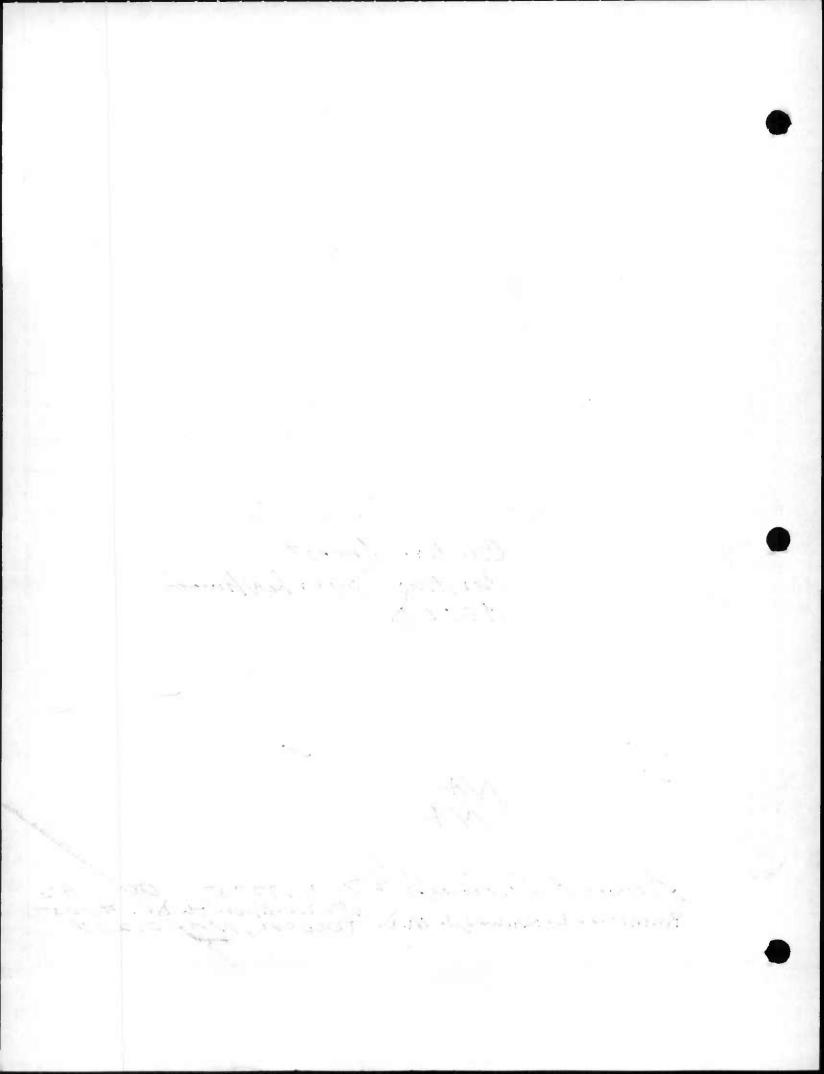
1 Burlel 2 Cremetion 3 Re Pe 20b. PLACE AND DATE OF DISPOSITION (Name of OATE/ 20c. LOCATION - City must examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY unen 112911. medical 23. PART I. Enter the diseases, or complications that caused the daeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or haert feliure. Liet only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death the and completely fille burial, cremation, disease or condition LOSA FRILLE. Congestice resulting in death) executed within or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): dises se aronsi CERTIFICATION Sequentially list conditions, prior to b attending physician au ental Hygiene prior to I DUE TO JOR AS A CONSEQUENCE OFT if any, leading to immediate cause. Enter UNDERLYING Sy Chigh CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Hyperten stor in signed by the attent of Health and Mental h injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO any Stato Pulmongr COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? Shows t TYES 2 NO been s Dept. 23 25. WAS CASE REFERRED TO MEDICAL this certificate his with the State Dirked, or item item 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Oulpetient 3 | DOA OTHER: 1 TES 2 NO e 6 Residence 6 Other (Specify) 4 🗌 Nu 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED is marked, 1 Netural 5 Pending 1 YES 2 NO BY THE AMERAL DIRECTOR: After the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the 2 Accident
3 Suicide 28s. PLACE OF INJURY — At home, larm, streel, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) medical 8/12/92 doctor 30115 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print) OOUberty HOTS AVE BAIL mo 21215 mo

> 32. REGISTRAR'S SIGNATURE ha Davidson





	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAI	RTMENT (OF HI	EALTH	AND			E	6	22033
	1. DECEDENT'S NAME (Firs	Middle Leath			CERTIF	ICATE	OF	DEAL	Н		REG. NO.			
1 7	MATTIE	i, Midde, Lesij								2. DATE OF MONTH	D/	W.	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM			BELI		7	SVI	_		8		16 -	92	M
				6. AGE (In yrs.				HOURS	24 HRS.	7. DATE OF (Month, D	BIRTH by, Ybar)		B. BIRTHPLACE (State or Foreign Country)	
	220-30-1579		1 M 2 X F		73 YRS.					7-4-19			S.C.	
~	9a. FACILITY NAME (II not i					96. CITY, TO	OWN OF	LOCATIO	ON OF DE	EATH		9c. COUN	TY OF DE	
DIRECTOR	4724 KIMBERLEIGH ROAD				BALTIMORE									
H	10a. STATE	10b. COUNT	Db. COUNTY			Bc. CITY, TOWN OR LOCATION					10d			10d, INSIDE CITY LIMITS?
	MD	The second second				BALTIMORE								1 X YES 2 NO
ERAL	10e. STREET AND NUMBER			6000						10g. CITIZEN OF WHAT			IAT COUNTRY?	
E I	4724 KIM	BERLI	EIGH ROA	AD	. 70	21212					U.S.A.			
FUN	11. MARITAL STATUS	10,110			NT EVER IN U.S. ARMED			13. WAS DECENDENT OF HISPANIC OR			RIGIN? (Specify Yes or No. 14. R.			- American Indian.
ВУ	1 Never Married 2 3 Wildowed 4 Dive		IF YES, OIVE V		VINO			Ify Cuban			Puarlo Rican, etc.)		Black, While, alc. Specify.	
	3 K widowed 4 Divi	эгсөа				A seemy.								BLACK
핃	15. DEC (Specify on	EDENT'S EDU	JCATION completed)	18a,	DECEDENT'S	USUAL OCCU	JPATION	of working	~	16b, KII	166, KIND OF BUSINESS/INDUSTRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)	g	or working						
M M										JOI	INS	HOPK	INS	
COMPLETED	17. FATHER'S NAME (First, N							18. MOTH	ER'S NA	ME (First, Midd	le, Maiden	Sumame)		
u l	WILLIS GI	BSON						ELI	ZAB	BETH 1	IEAS	ON		
TO B	19a, INFORMANT'S NAME (19b. MAILING	ADDRESS (S	treet an	l Number	or Rural F	Route Number,	City or Town	, State, Zip	Code)	
F	HOMER ERV	IN, J	JR.		1811	WINF	ORI	RD	/BA	LTIMO	RE,	MD	2123	39
	20a, METHOD OF DISPOSIT			20b. Pt.AC	CE AND DATE	OF DISPOSITIO			,	DATE		CATION — C		
	1 St Burlet 2 Cremelle 4 Donalion 5 Other	(Specify)	noval from State	cemelery,	C ME	MORIA	т	ער ה						
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	-0	G MIN	22. NAI	ME AND	ADDRES	S OF FAC	CILITY	LRAN	DALL	STOW	IN, MD
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			10	Lon	-	Mili	C.I.	ARC	H F	.H./J	101	E. :	NORI	H AVE.
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest. Approximate interval Between disease or condition Cardiac Arrest e. Cardiac Arrest									Approximate Interval Between Onset and Death				
CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiefed eventa resulting in death) LAST CAUSE (Disease or injury that initiefed eventa resulting in death) LAST													
2		_	***											1
AL	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
PERFORMED? ANALIA							MAILABLE PRIOR TO COMPLETION OF CAUSE							
Ä										''] 120 2			F DEATH?
-										_				YES 2 MO
¥	25. WAS CASE REFERRED TO	O MEDICAL					28. PLA	CE OF DE	ATH (Che	ock only one)				
Sic	1 LYES 2 NO		HOSPITAL:	EB/Outpetlant	2 🗀 004	OTHER:		-						
¥	27 MANNER OF DEATH 200 DATE OF CHARMS													
	1 Naturel 5	Pending	(Month, D	ny. Year	INJ	URY	WOR	(?		28d. DEŞCRI	SE HOW IN	JURY OCCI	JREO	
2 Accident Investigation " 1 YES 2 NO														
ETED	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At he building, atc. (Special)				nome, larm, i					281. LOCATIO City or To	LOCATION (Street and Number or Rural Route Number, City or Town, State)			
7	29a. CERTIFIER (Check only	IFYINO PHYSI	ICIAN: To the best of	N: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.										
														and manner on eleted
							000 10 110	the cause(s) and manner as stated.						
BE	Par	. ×	LAG		1	2×	> '	9c. LICEN	ISE NUM	BER		29d. DATE	SIGNED (A	forth, Day, Year)
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	TO HAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	E OF DEATH (IT	TEM 27) (Type,	Printy 6.	58	K	eni	1wo	th	Δ.	. }	4/05
Bannister L. Raines, J-M. D. Towson, Ma. 21						12	Del							
	31. DATE FILED (Month, Day,	Year)	22 REGISTRA	R'S SIGNACURE	de 22					-				
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	THE REMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	PORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH monds 08/18 Ame5 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. BIRTHPLACE (S -01-715 1 M 2 | F 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH medica Deaton BAltimor4 DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? State Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1190 W. Northern Parkway 21210 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Ric BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) 1 2 College (1-4 or 5+) Lounge Attendant Railroad 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Isaac Edmonds Nora Grinnell BE 190. INFORMANT'S NAME (Type/Print) Rosina Edmonds 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1190 W. Northern Parkway apt. 508 Balto.Md METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - Cify or Town, State Buriel 2 Cremetion 3 Removal from Stata OATE Arbutus Mem. Park 8-22 Balto 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Douglass Funeral Service 90 ara 1701 McCulloh St. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximats Intarval Batween **IMMEDIATE CAUSE (Final** Onset and Deeth disesse or condition METATOTAL PLOS TATE - AWILLA OUE TO (OR AS A CONSEQUENCE OF): resulting in death) YEAR CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reauiting in daeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 TNO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)

HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specily) 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, tarm, street, fectory, offica building, atc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 6 Could not be 4 Homicide

1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) end manner es stated. (Check only one)

MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) end manner es stated.

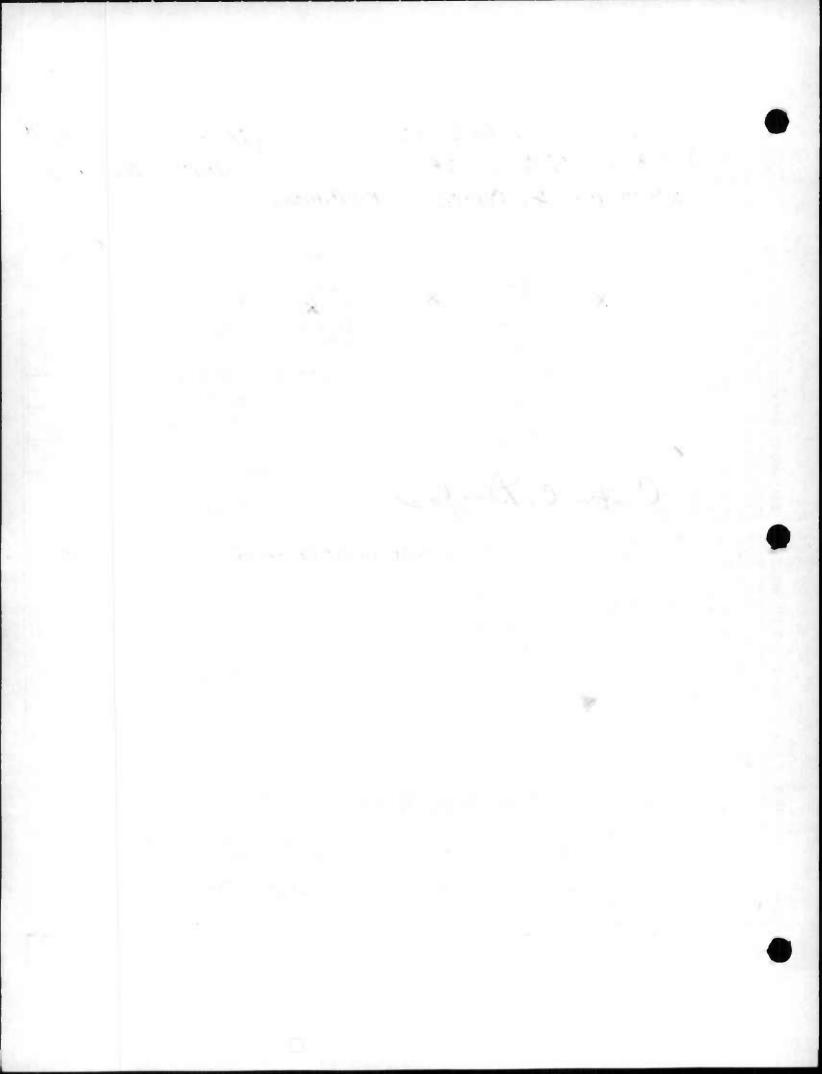
96. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER
Mues Chelandon Me	AD23/5/

29d. DATE SIGNED (Month, Day, Year) Eliphan

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

64 : CHARLES RICHARDEN ST. mue; 2/270 31. DATE FILED (Month, Day, Year)

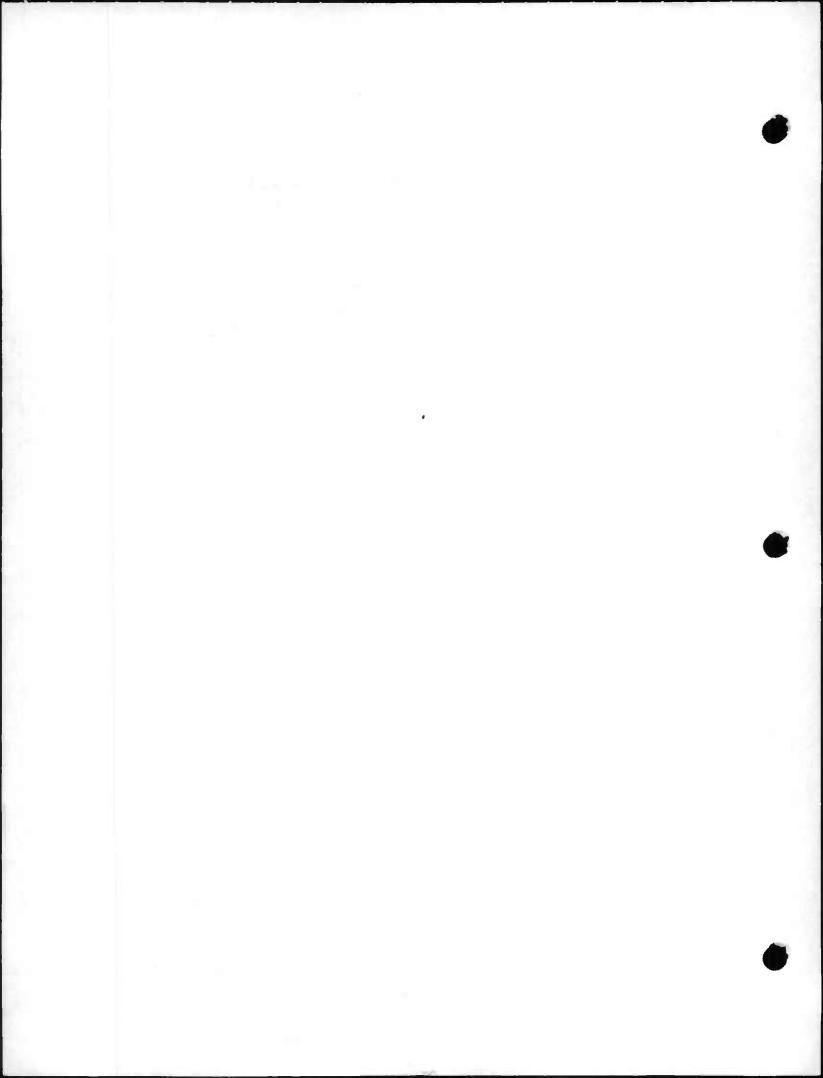
32. REGISTRAR'S SIGNATURES



hours after death. Page 6 may be retained by the hospital or attending physician.
ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should or removal. BALTIMORE, MARYLAND 21215-0020

	24	1	U
DIVISION OF VILAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dent of Health and Mental Hydiene prior to burlail, cremation.
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	1 - STATE OF MARY REGISTRAR		MENT OF HEALTH AND EATE OF DEATH	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) LYNN ANTWONE		Falton	2. DATE OF DEATH DAY 08 18	92° 3. TIME OF DEATH 12:05 A _M					
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 1-28-1975	8. BIRTHPLACE (State or Foreign Country) BALTIMORE, MD.					
TOR	9a. FACILITY NAME (If not institution, give street and number) 700 CUMBERLAND STREET RESIDENCE OF DECEDENT		BALTIMORE CITY		9c. COUNTY OF DEATH					
DIRECTOR	10a. STATE 10b. COUNTY MD.		10d. INSIDE CITY LIMITS? 1 ☑ YES 2 □ NO							
FUNERAL	10. STREET AND NUMBER 1715 NORTH CAREY STREET		LTIMORE 101. ZIP CODE 21217		10g. CITIZEN OF WHAT COUNTRY?					
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 XNO	13. WAS DECENDENT OF NISP If yes, specify Cuben, Mexi 1 YES 2 ANO Spec	can, Puerto Rican, etc.)	USA. r No— 14. RACE — American Indian, Black, White, etc. Specity: BLACK					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in UNEMPLOY	done during most of working tired.)	16b. KIND OF BUSIN						
CON	17. FATHER'S NAME (First, Middle, Last) KENNY FALTON		16. MOTHER'S P	NAME (First, Middle, Melden Su EY BUTLER	imame)					
TO BE	19a, INFORMANT'S NAME (Type/Print)		ORESS (Street and Number or Flure	A Route Number, City or Town,						
		20b. PLACE AND DATE DE			RE, MD. 2121/					
	1 Paurial 2 Cremation 3 Removel from State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	MT. ZION C	22. NAME AND ADDRESS OF	FACILITY	TIMORE, MARYLAND					
	· Charle Bu		1913 W. BALTIMOI	RE ST. BALTO. M	RAL HOME, P.A. D. 21223; P.O. BOX 4433					
	23. PART I. Enter the diseases, or complications that cause shock, or heart fellure. List only one cause or IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (of A	e Gursh	of Ubunds	ich as cardiec or respira	tory arreet, Approximate Interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERI	resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death	n but not resulting in t	he underlying cause given i	n Part I. 24a. WAS AN AI PERFORM	ED? AMAILABLE PRIOR TO					
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE DF OEATH (
	1	ry 28b. TIME 0	Nursing Home 5 Residence F 28c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJ	KETBALL COURT YGROUND URY OCCURED HOT					
TED BY	3 Suicide 6 Could not be 28e. PLACE OF INJL building, etc. (S	IRY — At home, farm, stre		28f. LOCATION (Street and	1 Number or Aural Route Number, LAND STREET					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my kn one) 2 MEDICAL EXAMINER: On the basis of examina									
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER LEWIS J. Clu 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	ut m	29c. LICENSE N		29d. DATE SIGNED (Month, Day, Year) ▶ 08/18/92					
		111	PENN STREET,	BALTIMORE, MA	RYLAND 21201					
	AUG 19 1992 Julie Davidson-1									



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	execut	and c	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	matic
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_	1 - STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF I	DEATH AND		HYGIENE REG. NO.	2 (_	2206	2
		Fried	man		2. DATE OF MONTH	DEATH DAY	YEAR 92	3. TIME OF DEATH	A M
	217-38-07931×120- 79	(In yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De 12//	BIRTH by, Year) 0/12		PLACE (SINING OF FOR V) NECTICUT	reign
TOR	9a. FACILITY NAME (If not institution, give street and number) SINAI HOSPITAL RESIDENCE OF DECEDENT		BALTIM	OR LOCATION OF D	EATH /	9c. C	OUNTY OF D	EATH	
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND		, town or loca LTIMORE	TION				10d. INSIDE CITY LIMITS? 1 2 YES 2 1	
FUNERAL	100. STREET AND NUMBER 6503 PARK HEIGHTS AVE., APT.	3-C	10	ZIP CODE 21215		US.	TIZEN OF V	VHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 3 Wildowed 4 Divorced FYES, GIVE WAR OR G	/ER IN U.S. ARMED YES 2 NO OR OATES ARMY		ecify Cuban, Mexica	m, Puerto Rica:	pecify Yea or No- n, etc.)	Biaci	14. RACE — American Indian, Black, White, stc.	
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of v life. Do NOT us DENTIS	rork done during mo e retired.)	ON ast of working		ID OF BUSINESS/	INDUSTRY		
BE CO	17. FATHER'S NAME (First, Middle, Last) DAVID FRIEDMAN			18. MOTHER'S NA	ME (First, Middl	(UNKNOW	N)		
10	190. INFORMANT'S NAME (Type/Print) MRS. ELIZABETH FRIEDMAN			S. AVE.				21215	
	4 Donation 5 Other (Specify)	b. PLACE AND DATE OF metery, cremetory or of DHEB SHALO	MEM.	PARK	DATE	REISTE			
	21. BIGNATURE OF FUNERAL SERVICE LICENSEE Jay Clay Levin		SOL I 6010	EVINSON REISTERT	& BROS	BALT	O., M	D 21215	
	23. PART/I. Enter the diseases, or complications that cause shock, or heart fellure. List only one cause on dimmediate CAUSE (Final disease or condition resulting in death)	each line.						Approximatintarval Bat Onset and	tween
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algnificent conditions contributing to death i	but not resulting i	n the underlying	g cause given in		PERFORMEO? YES 2 NO		WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO	O NUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputient 2 ER/Out	patient 3 DOA	OTHER:	ACE OF DEATH (Ch		ecify)			
ву Рну	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident	28b. TIME	OF 28c. INJ	URY AT RK? 'ES 2 NO		BE HOW INJURY O	OCCURED		
	3 Sulcide 8 Could not be detarmined 28a. PLACE OF INJUM building, atc. (Spe	Y — At home, term, at city)	reet, factory, office		28t. LOCATION	N (Street and Numi wn, State)	ber or Rural R	outs Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of examination	viedge, death occurre	d at the time, deta i, in my opinion, d	and place, and due	to the cause(a)) and manner as a place, and dua to	tated. the cause(a)	and manner as stat	fed.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	~ M	4	SH C	760	9 29d. D.	8//	(Month, Day, Year) +/92	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH AND COMPLETE CAUSE OF DEATH	SIN		SP C	SALTO	o m	D 2	1215	,
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BALTIMORE, MARYLAND 21215-0020

notified at once. 9 must examiner medical the other traumatic event, 6 inlury, shows any 23 10 marked, - 09 item 28 3E =

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

CERTIFICATE OF DEATH REG. NO. 1. DECEMPATY'S NAME (First. Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONT WYLEY THOMAS FIELDS 2:10 a 57920169° 8. AGE (Ir. yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 0 4 2 | F Midville, Ga. IONTHE DAYS HOURS MIN. 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10d. INSIDE CITY les hingtor De LE YES 2 NO FUNERAL 10e. STREET AND NUMBER CODE 10g, CITIZEN OF WHAT ROUNTRY? Wicholson 2001 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 XNO Specify: 1 Never Married 2 Merried Black B₹ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRO stary/Secondary (0-12) College (1-4 or 5+) 12 Yrs None Construction Foreman 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) Robert Fields Jo Mae 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 701 Ethan Allen Avenue, Geneva-Veronica Fields Takoma Park, Md. 20912 20a METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Mt Olivet Cemetery 4 Donation 8 Other (Specify) 8/21/92 Washington, DC 21. SIGNAPORE ON FUNERAL BERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 4 John T Rhines Co., Inc. 3030 12th St NE, DC 20017 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Pai Lune CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER 1 TYES 2 NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO 84 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) COMPLETED 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner ee stated. 296. SIGNATURE AND TITLE OF CERTS 29c. LICENSE NUMBER PH. DATE SHOWED (Morth, Day. COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) All alnot 32. REGISTRAR'S SIGNATURE

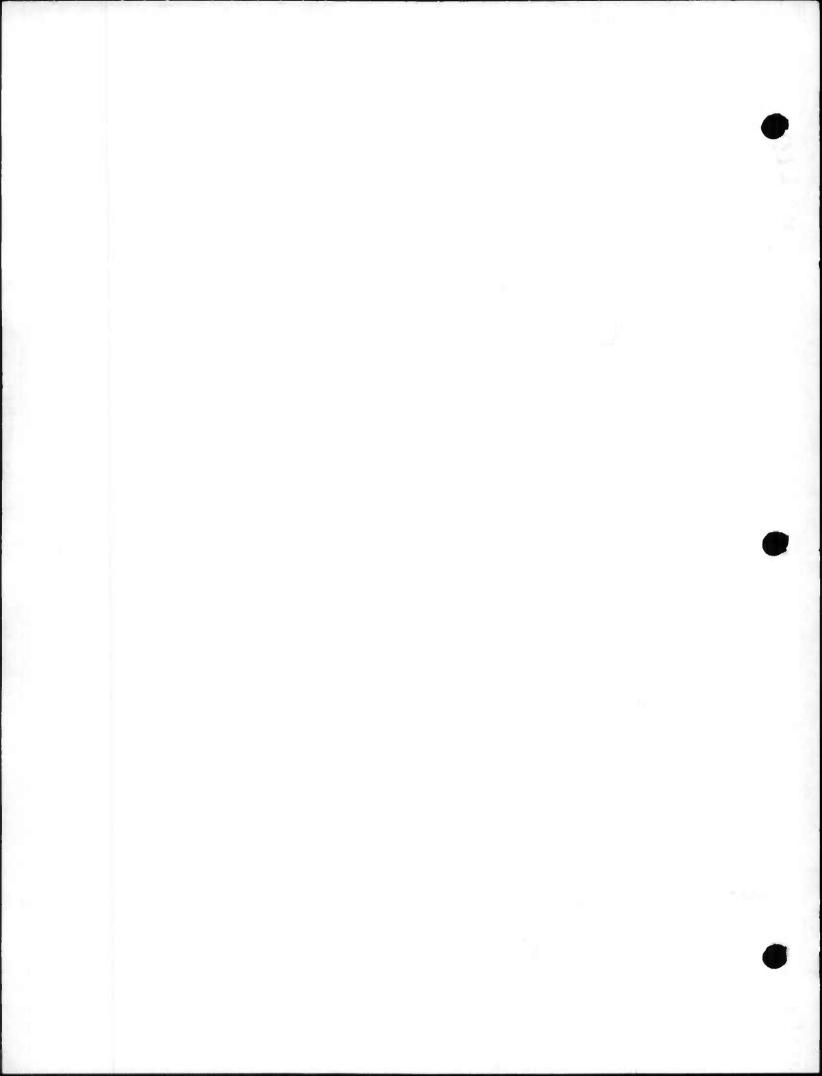
Jaimen . 300 AND HERE 1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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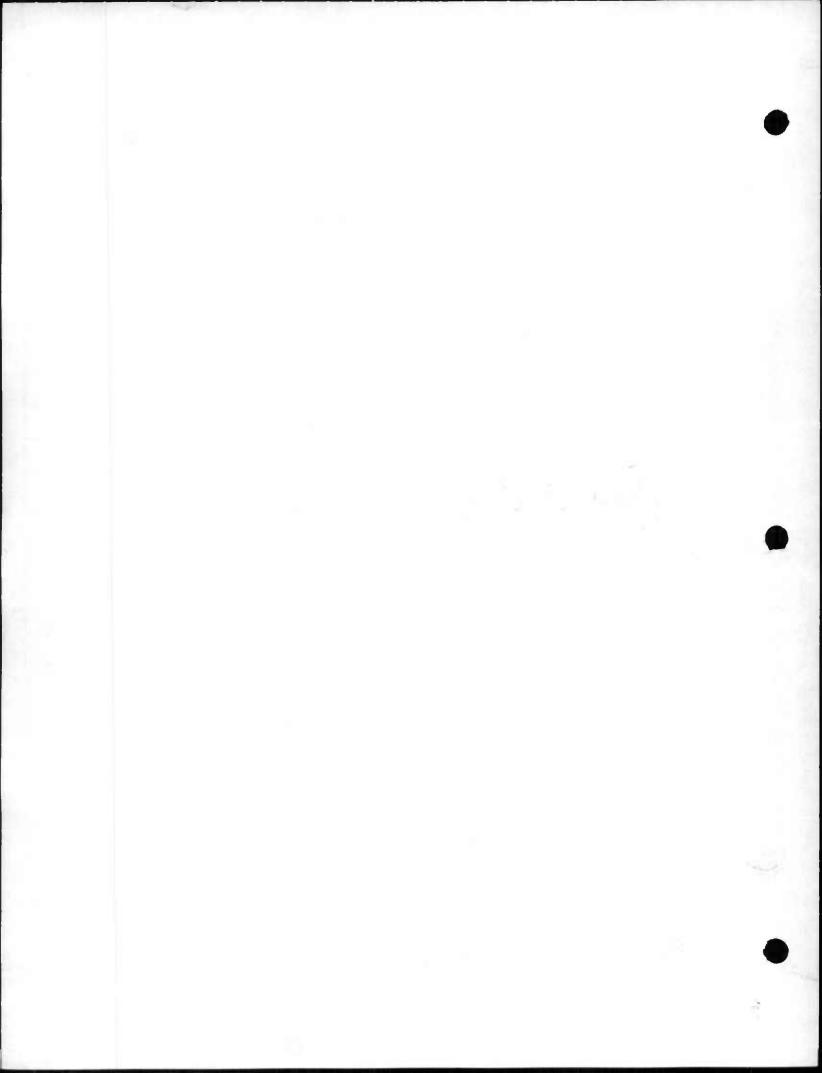
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Baltimore, Md. 21214 Leonard J. Ruck, Inc. 5305 Harford Road 23. PART I. Enter the diseases, or complications that baused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final desate) JUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A		1 Donation 8 Other (Specify)	noval from State	Garde	ens of F	aith	1 Cem. 8/	18/92				
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PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PM ANALALE PRIOR TO IT IT IT IS 2 MO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. MANNER OF DEATH 28. OATE OF INJURY 28. OATE OF INJURY 28. OATE OF INJURY 28. OATE OF INJURY 28. OATE OF INJURY 28. OATE OF INJURY 28. OATE OF INJURY 28. OATE OF INJURY 28. OATE OF INJURY 28. OATE OF INJURY 28. OATE OF INJURY 28. OATE OF INJURY 28. OATE OF INJURY 28. OATE OF INJURY 29. CACIDINA 28. LOCATION (Street and Number or Fural Route Number, City or Rown, State) 29. CACIDINA 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29	ERTIFI	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR A) DUE TO (OR A)	S A CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUE	UENCE OF):	nog						Interval Between Onset and Death
EXAMINER? YES 2 MiD	MEDICAL	PART II. Other significant condition	ns contributing to deati	h but not re	PERFORMED?						OC OF	ARLABLE PRIOR TO MPLETION OF CAUSE DEATH?
27. MANNER OF DEATH Natural S Pending Investigation 28e. OATE OF INJURY 28b. TIME OF INJURY M 1 YES 2 NO	SICIAN	EXAMINER?			ОТНЕ	R:	0		t-NDV			
3 Suicide 4 Homicide 6 Could not be determined 286. PLACE OF INJURY — At home, tarm, street, factory, office 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29a. STORARURE AND TITLE OF CERTIFIER 29a. STORARURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Paul Chang 31. DATE FILED (Month, Day, Year) 32. REGISTRARY'S SIGNATURE AUG 1 9 1992 32. REGISTRARY'S SIGNATURE AUG 1 9 1992 33. DATE FILED (Month, Day, Year) 34. DATE FILED (Month, Day, Year) 35. REGISTRARY'S SIGNATURE AUG 1 9 1992 36. PLACE OF INJURY — At home, tarm, street, factory, office 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26t. LOCATION (Street and Number or Rural Route Rural Route Number, City or Town, State) 26t. LOCATION (Street and Number or Rural Route Rural Route Rural Route Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Ru	PHY	27. MANNER OF DEATH 1. Natural 5 Pending	28a. OATE OF INJUR	RY	28b. TIME OF INJURY	28c. IN.	JURY AT ORK?			NJURY OCCUI	RED	
29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29a. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Paul Chang 5601 Loch Raven Blvd. Baltimore, Maryland 31. DATE FILED (Month, Day, Year) AUG 1 9 1992 January Landson Hardson Hardson AUG 1 9 1992 January Landson Hardson AUG 1 9 1992 January Landson Hardson AUG 1 9 1992	밀	3 Suicide 8 Could not be	28e. PLACE OF INJU building, ster(S	JRY — At hon Specify)	ne, tarm, street, fa	ctory, offic	ce	201. LOCATI City or	ON (Street a fown, State)	and Number or	Rural Rout	e Number,
29c. LICENSE NUMBER 29d. DATE SIGNED (North, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Paul Chang 5601 Loch Raven Blvd. Baltimore, Maryland 31. DATE FILED (Month, Day, Year) AUG 1 9 1992 Jack REGISTRAR'S SIGNATURE AUG 1 9 1992	MPL	(Check only 1 WERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										nd manner as stated.
Dr. Paul Chang 5601 Loch Raven Blvd. Baltimore, Maryland 31. DATE FILED (Month, Day, Year) AUG 19 1992 June Duridson Augustuse	ш		Dain Mr Helm MO 020398 > 8/17/92									
AUG L'IOUL	2	294 SIGNATURE AND TITLE OF CERTIFIE	Helm				0203	98			17/9	onth, Day, Year)
DHMH-16 (10	30. NAME AND ADDRESS OF PERSON WIDT - Paul Chang 31. Date Filed (Moriti, Day, 18ar)	HO COMPLETED CAUSE OF 5601 LOCH R	aven [Blvd.	Balt			nd		17/9	orth, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DHMH-16 Ray 1/89

	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN	(C	2 2 2 2 2 5 5				
		20076	RD L. GANT		76	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 2/5/67/657 9a. FACILITY NAME (If not institution, give street and number)	94 YRS. M	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	(Month, Day, Year)	98 1	BIRTHPLACE (State or Foreign Country) ARYLAND				
DIRECTOR	Bon Secony Hosp. 2000 w Baltimorest Balto. City RESIDENCE OF DECEDENT									
	MARYLAND 106. COUNTY		TOWN OR LOCATION IMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	2517 W. BALTIMORE STREET		101. ZIP CODE 21223		USA	N OF WHAT COUNTRY?				
BY	1 Never Married 2 Married FORCES? 3 Wildowed 4 Divorced IF YES, GIVE	NT EVER IN U.S. ARMEO 1 ☐ YES 2 NO WAR OR DATES X	13. WAS DECENDENT OF NISI If yee, specify Cuben, Max 1 YES 2 NO Spe	Ican, Puerto Rican, etc.)		RACE — American Indien, Black, White, etc. Specify: AFR . AMER .				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5		k done during most of working	16b. KIND OF BU	SINESS/INDUS	TRY				
BE CON	17. FATNER'S NAME (First, Middle, Last) JAMES GANT		16. MOTHER'S SALLIE	NAME (First, Middle, Maiden GANT	Surname)					
10 E	190. INFORMANT'S NAME (Typo/Print) EVELYN PETERSON	19b. MAILING AI 4641 I	PORESS (Street and Number or Run ROKEBY ROAD BA	el Route Number, City or Tow LTIMORE, MA	n, State, Zip Co RYLANI) 21229				
	20a, METHOD OF DISPOSITION 1 Burlet 2 Cremellon 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF cemetery, cremetory or othe ST. PETER CI			CATION - CH	y or Town, Steta MARYLAND				
	21. SIGNATURE OF UNERAL SERVICE LICENSEE	test	22. NAME AND ADDRESS OF ESTEP BROTHE 1300 FUTAW P	RS FUNERAL	HOME H	PA				
NO	OUE TO	4 och 0 (OR AS A CONSEQUENCE OF): Folgenic	enter the mode of dying, so	sch as cardiec or reep	iratory arrea	t, Approximata Interval Batween Onset and Death				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	O (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other significant conditions contributing to Renal Parilux G. E. Bleek my An em'a	death but not resulting in Corine 4 Ginay Ginay	nythis	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 inpullent 2		26. PLACE OF DEATN (I							
ВУ РН	27. MANNER OF OEATN 1 Netural 5 Pending 2 Accident Investigation	F INJURY Day, Year) 28b. TIME C	Y 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NOW	NJURY OCCUR	EO				
9	3 Suicide 8 Could not be determined 28e. PLACE 0 building	OF INJURY — At home, farm, stre , etc. (Specify)	et, factory, office	28f. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,				
COMPLET	29a. CERTIFIER (Check only one) 1 DECERTIFYING PNYSICIAN: To the best of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis	of my knowledge, death occurred a	it the time, date end place, and do	ue to the cause(s) and man	nner as stated.	Ruse(s) and manner as stated.				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER HE CLOSE Male ALLENSING 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALL	ISE OF DEATH ATEM OF A		UMBER EF32		GNED (Month, Day, Year)				
	LOLENGE M ST	sunon	in)							
1 1	AUG 19 1992 See Carinda	An a SIGNATURE								



Miguel Karacuschansky M.D.

31. DATE FILEO (Month, Day, Your)

AUG 19 1992

July Day, Control of the Day, Control of the Day, Control of the Day, Control of the Day, Control of the Day, Control of the Day, Control of the Day, Control of the Day, Control of the Day, Control of the Day, Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contr

32 DECISTRAR'S CIGNATURES

BALTIMORE, MARYLAND 21215-0020

SION OF VITAL RECORDS, P.O. BOX 68760,

E HOSPING PRINCIPAL THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	E FINE HOLDS THE THE CHARLES HE SETTING BY THE STRENGTING PLY SETTING THE TOTAL COMPETENT MINE OF THE CHARLES AND THE STRENGT OF THE STRENGT PROPERTY. Pages 1, 2, 3 should a within 72 person with the Strengton, or personal.	MIANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPIE	TO THE FLINEHAM De filed within 72	IMPORTANT: II

Ite	m19,Film690,8/21/92,lt										00000	
	1 - FOR STATE REGISTRAR	STATE OF M			RTMENT OF			MENTAL HYGIEN REG. NO	E	12	22866	
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			TIME OF DEATH	
	ANITA	K.	GRAUEL					8 16		YEAR	M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	t birthday)	IF UNDER 1 YEAR		24 HRS.	7. DATE OF BIRTN	1	BIRTHPL/	ACE (State or Foreign	
3	214-18-7220	1 M 2 XF	70	YRS.	MONTHS DAYS	HOURS	MIN.	May 7,192		Mary1		
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	DR LOCATION	ON OF DE			Y OF DEAT		
E	8165 Glen Gar	y Rd.			Parkvi				The second second	imor		
15	RESIDENCE OF DECEDENT	-			ITALKVI	TTE			Dare	TINOL	=	
E	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOC	ATION				10-	d. INSIDE CITY LIMITS?	
ā	Maryland Balti	more		Pa	rkville					1 {	YES ZY NO	
AL	10e. STREET AND NUMBER					of, ZIP CODE	E		10g. CITIZE	N OF WHA	T COUNTRY?	
E	8165 Glen Gary	Rd.				2123	34		U.S.	.A.		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED	13. WAS D	CENDENT O	F NISPAN	NC ORIGIN? (Specify Yes			American Indian, hita, etc.	
	1 Never Married 2 Married	IF YES, GIVE W	YES 2 XN	10		specify Cuba		n, Puerto Rican, atc.)		Specify:	hita, etc.	
ВУ	3 🔀 Widowed 4 🗌 Divorced								- 1	White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad		16a. DE(CEDENT'S	USUAL OCCUPAT	TION post of working	207	16b. KIND OF BUS	SINESS/INDU	STRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+) Iffo.	Do NOT u	work done during i se retired.)	Total or World						
₩.	12		S1	uper	visor			Account	ing			
8	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Melden	Sumame)			
BE	Leonard Kuhl				•	May	Kor	b				
TO E	190. INFORMANT'S NAME (Type/Print) Richard R. Gravel Grauel 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 902 Rappaix Ct., Towson, Md. 21286											
	20s. METHOD OF DISPOSITION		20b. PLACE A	ND DATE	OF DISPOSITION /	Verne of	_		CATION CI	ty or Town.	State	
	1 & Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Woodlawn Cemetery 8/19/92 Woodlawn, Md.											
	21. SIGNATURE OF PUHERUAL SERVICE LI	CEPTIFEE //	/			AND ADDRES	_			,		
	1-11/1				Ruc	k Tow	son	Funeral Ho	me, I	nc.		
	car of	and -			105	0 Vor	k Rd	Tourson	MA 2	1204		
	23. PART I. Enter the diseases or shock, or heart failure.	Complications that List only one cause	ceused the dec	eth. Do	not enter the n	ode of dyl	ng, such	aa cerdiac or respi	ratory arres	nt,	Approximate interval Between	
1	MMEDIATE CALLES (Singl											
	disease or condition										years	
		DUE TO	OR AS A CONSEC	DUENCE O	F):						0	
Z	Sequentially list conditions,	b										
ERTIFICATION	If any, leading to immediate	DUE TO (OR AS A CONSEO	DUENCE O	F):							
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C		SCHOOL ST								
	that initiated eventa resulting in death) LAST	DUE 10 (OR AS A CONSEC	DUENCE O	F):							
E		d										
I CI	PART II. Other algnificent condition	na contributing to	deeth but not re	esulting	in the underlyi	ng ceuse o	lven in i	Part I. 24s. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS	
2		POROSIS						PERFOR	MED?	AW	WLABLE PRIOR TO MPLETION OF CAUSE	
ED		ST M						1 TYES 2	ND		DEATN?	
Σ	Divers	31 191	T33					_		1 [YES 2 NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL											
0	EXAMINER?	HOSPITAL:			OTHER:	PLACE DF DI	EATN (Che	ick only one)				
Ι×S	1 YES 2 NO	1 Inpatient 2					sidenca	6 Other (Specify)				
	No. of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the con	28a. DATE OF I (Month, Da		28b. TIM	URY V	JURY AT		28d. DEŞCRIBE NOW II	NJURY OCCU	RED		
BY	2 Accident Investigation M 1 YES 2 NO											
	3 Suicide 6 Could not be 4 Nomicide determined	28a. PLACE DF building, s	FINJURY — At hor etc. (Specify)	me, farm,	street, factory, off	lca		28f. LOCATION (Street a City or Town, State)	and Number or	Rural Route	Number,	
COMPLETED												
7	29a. CERTIFIER CERTIFYING PNYS	ICIAN: To the best of r	my knowledge, das	eth occurr	ed at the time, da	te and place,	and due	to the cause(a) and man	mer aa stated			
OM								time, data and place, an			d menner ea stated.	
EC	296. SIGNATURE AND THE DE CERTIFIE		1/-	71)		NSE NUM				rith, Day, Year)	
00	V hun k	- araw	achan	36	/			462			-92	
2	30. NAME AND ADDRESS OF PERSON WH			1 27) (Type	, Print)	1	, _	/ 4 ~		. /	12	

300 E.33rd St. Baltimore.

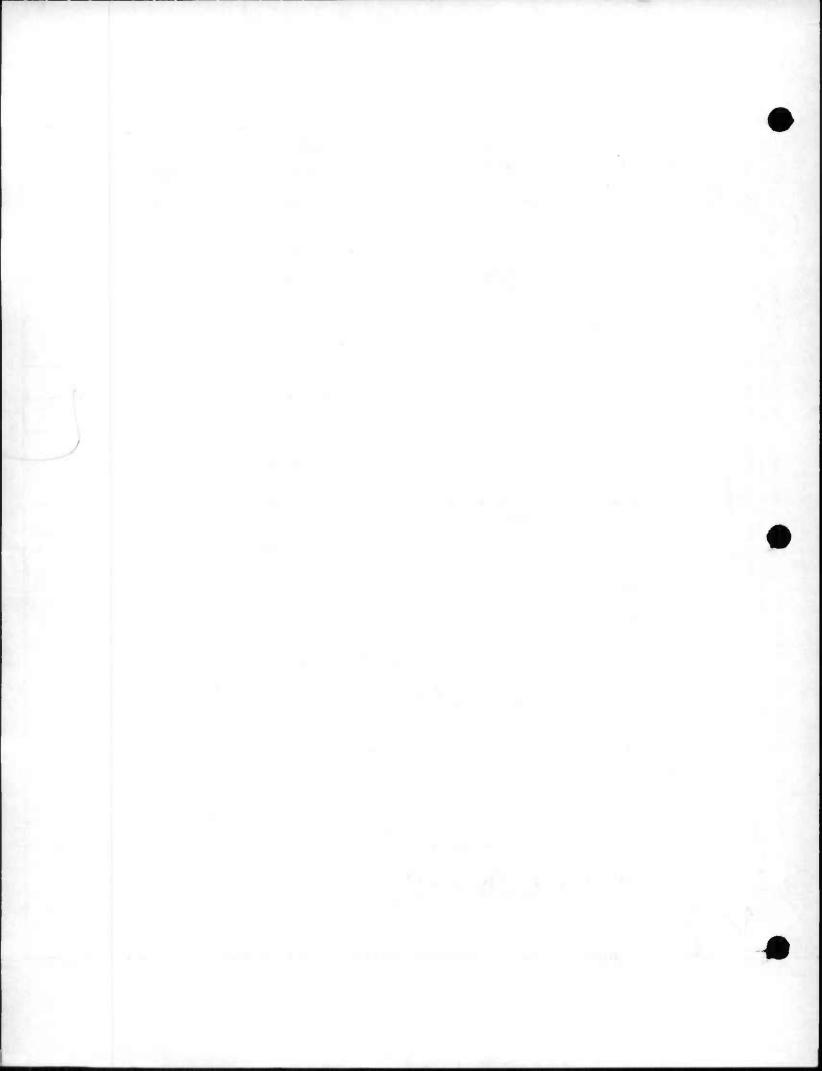
DHMN-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the minimum physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Higiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The Is	TO THE FUNERAL DIRECTOR: After this certificate has	be filed within 72 hours after death with the State De	IMPORTANT: If item 28 is marked, or Item 2

	1 - FOR STATE OF I	MARYLAND / D	DEPARTMENT (OF HEALTH AND			2 22867		
	1. DECEDENT'S NAME (First, Middle, Lest) SHIRLEY	GARA	FIELD	OF DEATH	PEG. NO. 2. DATE OF DEATH MONTH AVG		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220 -09 - 4990 1 1 M 2 XF	8. AGE (In yrs. last bi		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/6/190		BIRTHPLACE (State or Foreign Country) MARYL AND		
TOR	9a. FACILITY NAME (If not institution, give street end number) MERIDIAN—BRIGHTWOOD NURS RESIDENCE OF DECEDENT	SING HOME	96. CITY, TO BRO	OKLANDVILLE	EATH	BALT	í More		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND BALTIMORE		10c. CITY, TOWN OR BALTIMO				10d. INSIDE CITY LIMITS? 1 YES 2 Y NO		
FUNERAL	100. STREET AND NUMBER 6832 TOWNSBROOK DR., AF	T. B		101. ZIP CODE 21207		USA	N OF WHAT COUNTRY?		
B	1 Never Married 2 Merried FORCES?	NT EVER IN U.S. ARME I YES 2 NO MAR OR DATES	If y	B DECENDENT OF HISPAI DE, specify Cuben, Mexica YES 2 X NO Specif	in, Puerto Ricen, etc.)	s or No 14	14. RACE — American Indian, Black, White, etc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	(Give	DENT'S USUAL OCCI kind of work done dun o NOT use retired.) LES	JPATION ng most of working	16b. KIND OF BU	SINESS/INDUS	TRY		
BE CON	17. FATHER'S NAME (First, Middle, Lest) ISRAEL WEINTRAUB 18. MOTHER'S NAME (First, Middle, Melden Suggested) ANNA OLDSTEIN								
10	196. INFORMANT'S NAME (Type/Print) MRS . LILLIAN BRAND 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DEAUVILLE CT., APT. 2-B BALTO., MD 21.								
	29e. METHOD OF DISPOSITION 143 Buriet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)			ZUK AMUNO)	8/16/92		ORE, MD		
	Day Clau L. 0	we.	SO	ME AND ADDRESS OF FA L LEVINSON 10 REISTER!	& BROS.,	INC. BALTO.	, MD 21215		
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, interval Between Onset and Death disease or condition resulting in death) a. Particular Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy Cauchy C								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury c								
ERTIF	that initiated events resulting in death) LAST	(OR AS A CONSEQUE	ENCE OF):						
MEDICAL	PART II. Other aignificant conditions sentributing to deeth but not resulting in the underlying cause given in Part i. PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PO NO 1 Ingested 2	ED/Dutantiant 2	OTHER:	28. PLACE OF OEATH (Ch					
ву РНҮ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO								
ED	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	of INJURY — At home, etc. (Specify)	, ferm, atreet, factory	office	281. LOCATION (Street City or Town, Stete)	and Number or I	Rural Route Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beet of medical examiner: On the basic of a						suse(e) end menner es stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	entor	L_	29c. LICENSE NUN	ABER 39	29d. DATE SI	GNED (Month, Day, Year)		

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

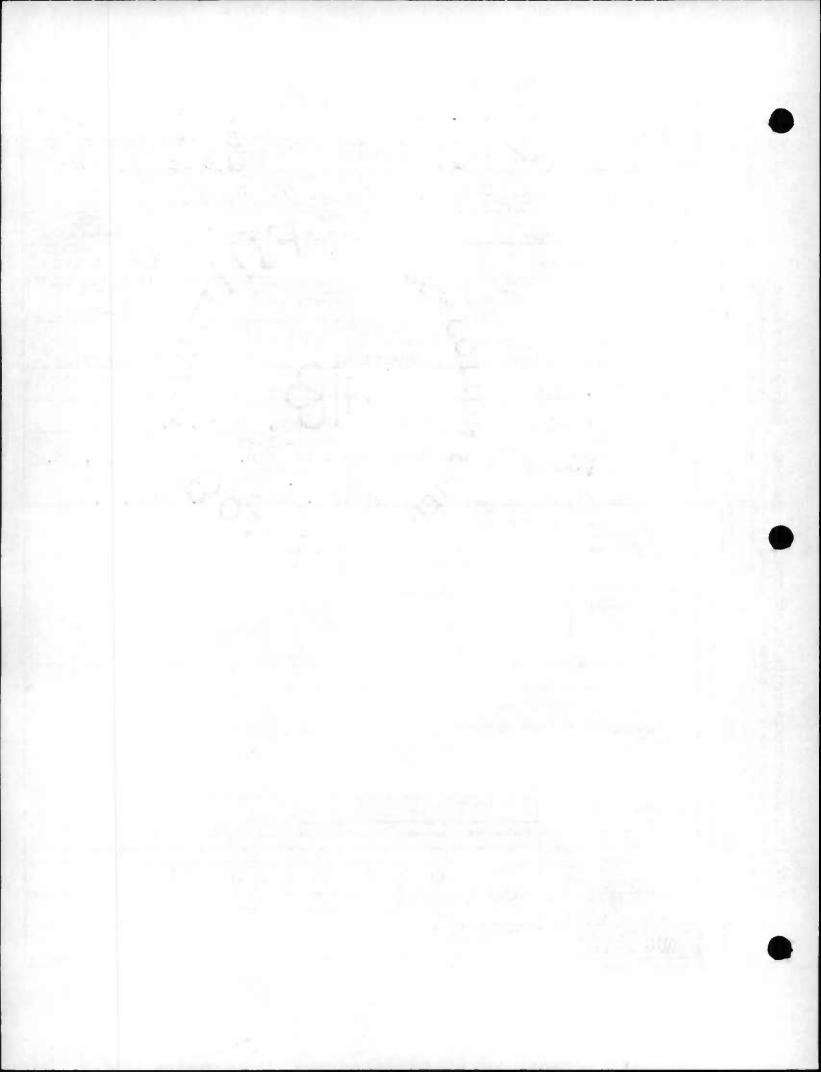
OHMH-16 Rev 1/89



NATE HE WITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The remaining the properties of the period of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made with the State Dept. of Health and Memail Hygiens prior to burial, cremation, or removal.

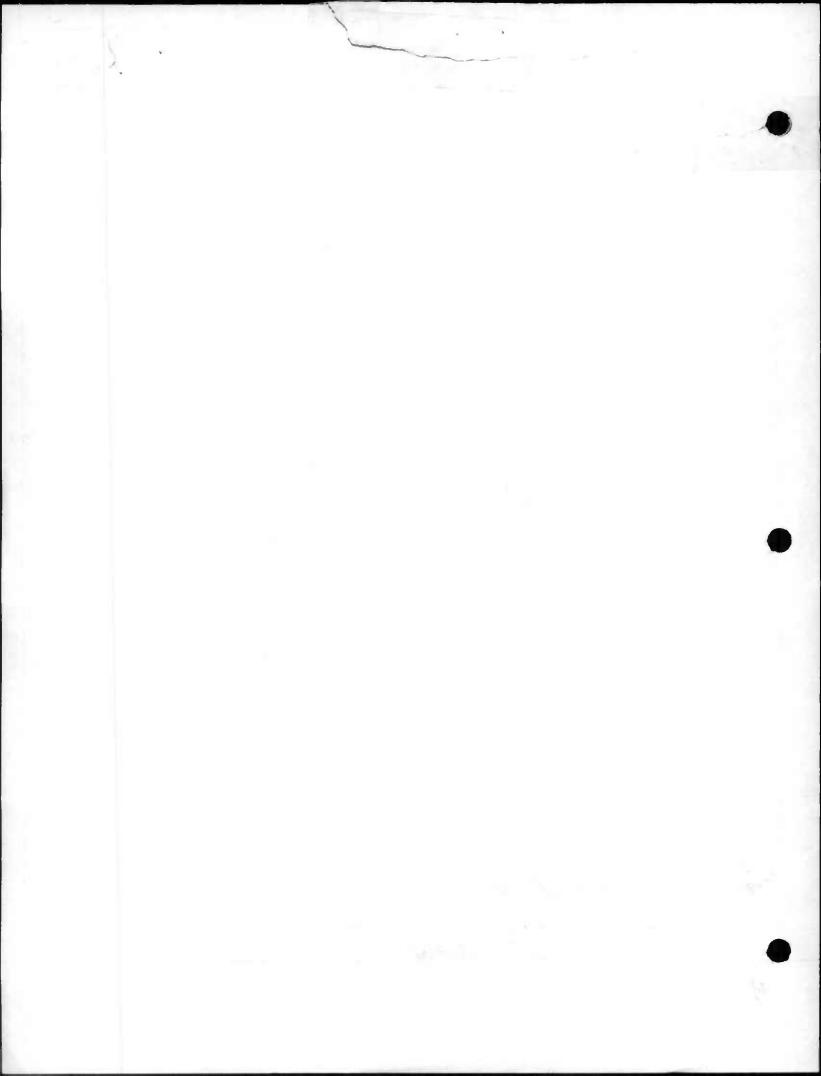
	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HE		ENTAL HYGIEI		2 22000				
	1. DECEDENT'S NAME (First, Middle, Lest	- DANTIBLE (N.	GILES	F UNDER 1 YEAR	IF UNDER 24 MRS.	2. DATE OF DEATH MONTH.	6-16-	3. TIME OF PEATH 2: 4				
	214-26-6312 98, FACILITY NAME (If not Institution, glap	15 1 2 D F	O YRS.	DAYS DAYS	HOURS MIN.	6/15/2	26	BIRTHPLACE (State or Foreign Country)				
TOR	HESIDENCE OF DECEDENT	ichen Hosp	Pice "	Ball	- Mel	21201	9c. COUNT	none				
DIRECTOR		none	10c. CITY, T	Balt.	imore C	ity		10d. INSIDE CITY LIMITS? 17 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 3832 The Alame	eda		10f. 2	IP CODE 21	.218		ed States				
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECEN	fy Cuban, Mexican,	ORIGIN? (Specify Yo Puerto Rican, etc.)	A A	Black, White, atc. Specify: Tro-American Indian, Black, White, atc.				
ETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during most	of working	18b. KIND OF BI	JSINESS/INDUS					
COMPLET	9th grade	none	Super	visor		Jani	toria	l Service				
8	17. FATHER'S NAME (First, Middle, Last)	7				E (First, Middle, Maide	,					
BE	Daniel S. Gi	Lles	10h MAR 110	DDDEEC OF		Bertie						
2	Berta Mae Gi	100				Roll +						
	20s. METHOD OF DISPOSITION											
	4 Donetton 6 Other (Specify) Garrison Forest VA Hosp. Owings Mills. Md.											
	21. SIGNATURE OF FUNERAL SERVICE L	22. NAME AND ADDRESS OF FACILITY Calvin B. Scruggs Funeral Home 1412 E. Preston St. Balto. Md. 21213 23. PART I. Enter the diseases, Dr complication that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate										
ERTIFICATION TO BE COM	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
HEDICAL CE	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.						N AUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
TED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpet		THER:	E OF DEATH (Chec		Hesiba	ù				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WORK	Y AT	28d. DEŞCRIBE HOW	INJURY OCUI	RED				
	2 Accrosers 3 Sulcide 4 Homicide 6 Could not be determined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)											
COMPLE		SICIAN: To the best of my knowled										
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Alex Lous	MI	2	9c. LICENSE NUMB	ER 7	29d. DATE S	GNED (Forth, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEAT	HUTEM 27 (Type, Pri		2121-	7—	9					
	31. DATE FILED (Month, Day, Year) AUG 1 9 1992	June Davidson-19	_ [-									



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THE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be conflicted has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be has been signed by the attending physician and completely filled in the funeral director. The filler 28 is marked, or liter 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGIEN	it.	22869	
	1. DECEDENT'S NAME (First, Middle, Last) Sidney Hester	SR,			2. DATE OF DEATH	AY YEA	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER				August	15, 19	992 10:10 pm	
	219-01-0047	5. SEX 8. AGE 1. 1 3 M 2 □ F 94		F UNDER 1 YEAR IF UNDER 24 HRE DNTHS DAYS HOURS MIN	44.4 AL AL AL AL	CC	ORTH CAROLINA	
~	9a. FACILITY NAME (If not institution, give a	treet and number)	9	b. CITY, TOWN DR LOCATION DE		9c. COUNTY C	OF DEATH	
DIRECTOR	Maryland Genera			Baltimore Cit	у			
SIRE	MARYLAND	f		TOWN DR LOCATION			10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER		BALT	101. ZIP CODE		10g, CITIZEN I	1 YES 2 NO	
FUNERAL	1027 CATHEDERAL S	TREET		21202		USA		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FDRCES? 1 YES	IN U.S. ARMED	13. WAS DECENDENT OF HIS	PANIC DRIGIN? (Specify Yes	or No.— 14 B	RACE American Indian, Black, White, etc.	
B⊀	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR C		If yes, specify Cuban, Max 1 TYES 2 X NO Spe		s	Specify:	
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S US	UAL OCCUPATION k done during most of working	16b. KIND OF BU		FR AMER	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use r					
OM	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Meiden	Sumamal		
BE C	BENNETT HEST	'ER		SUSAI		ourner, o		
10 B	19a. INFORMANT'S NAME (Type/Print)		196. MAILING AC	ODRESS (Street and Number or Ru		n, State, Zip Code))	
-	DEBORAH BUTCH			ATHROW CT. BA	LTIMORE, MAI	RYLAND :	21236	
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remains 4 Donation 6 Quiter (Specify)		b. PLACE AND DATE OF I	placal		CATION — City o		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	ARRISON FO	REST VET.CEM,		ENS MILI	LS MARYLAND	
	Drull	del	0	ESTEP BROTHER				
	23. PART I. Enter the diseases, or co	complications that cause	od the death. Do not	1300 EUTAW PI	LACE BALTIMO	DRE, MAI	RYLAND 21217	
	abook, or heart failure. I	EXERCIANANE EXECUTIVE OF COURSE, DOI: 0	esch lina.	denk Atrial fi			Interval Between Onset and Death	
NO NO	Sequentially list conditions, Due to (or as a conseduence of):							
CAT	cause. Enter UNDERLYING		scular acc					
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEDUENCE DF):					
H	resulting in desth) LAST	d						
AL C	PART ii. Other eignificent conditions	s contributing to deeth t	but not resulting in	the underlying ceuse given	in Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDIC					PERFOR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL							
딣	EXAMINER?	HOSPITAL:	28. PLACE OF DEATH					
	27. MANNER OF DEATH 1 Testural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Nursing Home 5 Residence PF 28c, INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	,	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, atc. (Spe	Y — At home, ferm, stre	281. LOCATION (Street a City or Town, State)	and Number or Ru	val Route Number,		
3 Suicide 4 Could not be determined Suicide, at Could not be determined Suicide, atc. (Specify) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
							ee(e) and menner as stated.	
H	296. SIGNATURE AND TITLE OF CEBTIFIED	Roche 1	ND	29c, LICENSE N	NUMBER	29d. OATE SIGN	NEO (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	int)		9.		
	Walter Roche	M.D. c/o M	arylnd Ger	neral Hospital				
	AUG 1 9 1992	32. REGISTRAR'S SIGN	andate	- 11.1				
		10.70	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					



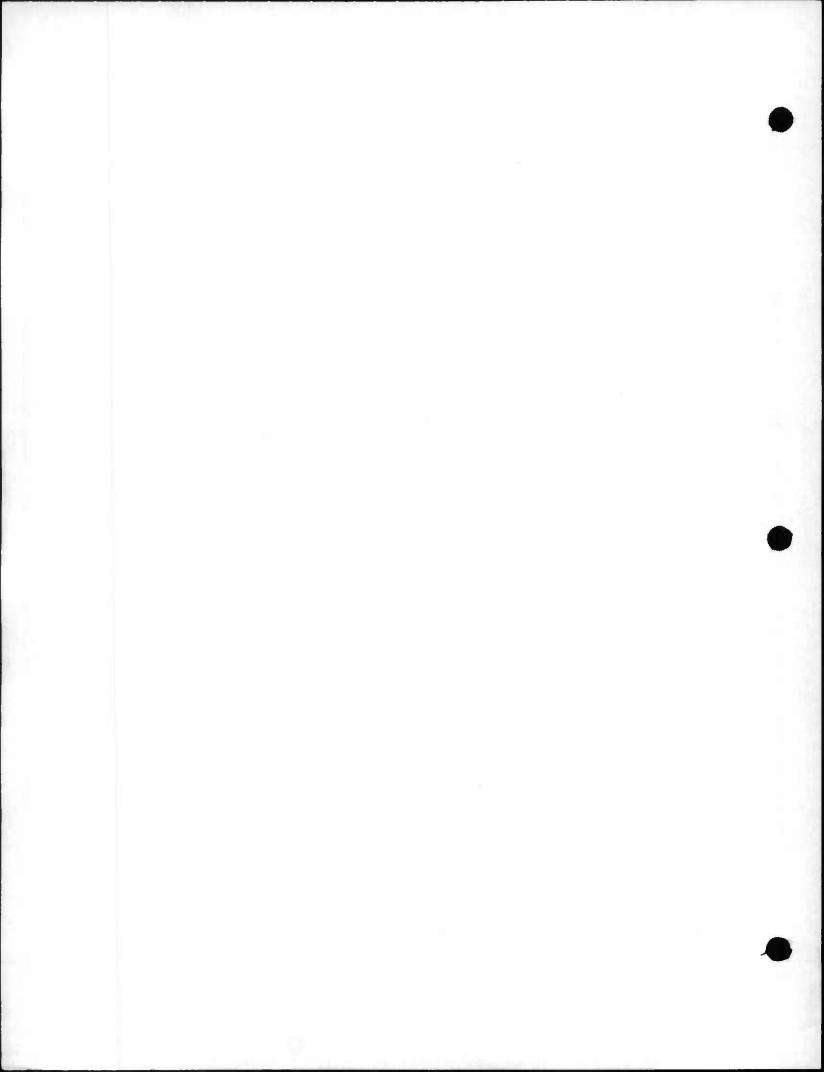
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	BALTIMORE, MARYLAND 21215-0020	al or attendin	for use as th		
	YLAND	by the hospil	be detached		at once.
	E, MAR	be retained	age 5 should		ANT I flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	MOR	Раде 6 тау	al director, p.		ner must
	BALI	after death.	by the funer	EMOVA!	lical exami
		Nin 24 hours	tely filled in	mation, or re	it, the med
	19/89	executed wit	and comple	lo bunal, cre	matic even
Č	0. 80)	ertificate be	ng physiciar	giene prior	other trau
9	. L.	the death c	y the attend	Mental Hy	Injury, or
	SECON.	equires that	en signed b	of Health an	hows any
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	N: The law	ficate has be	State Dept.	Item 23 s
	LO N	NG PHYSICIA	ter this certi	ath with the	narked, or
Classification	DICIA	H AI IENDIN	RECTOR: AL	purs affer de	em 28 is 1
	(CONTRA		III MAN IN	A COL

92 22870 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	ENT OF HEALTH		AL HYGIENE REG. NO.	92 2	22870
1. DECEDENT'S NAME (First, Middle, Land JOHN CANTO				2. DAT	E OF DEATH	YEAR 92	3:30 A.
4. SOCIAL SECURITY NUMBER	5. SEX 8. Add		UNDER 1 YEAR IF UNDER ITHS DAYS HOURS	Mor	E OF BIRTN nth. poy. Year! -13-1992	8. BIRTHP Country)	LACE (State or Foreign
99. FACILITY NAME (If not institution, gives ST. AGNES HOS		96	BALTIMOR		9c. C	COUNTY OF DE	
10a. STATE 10b. COU	BALTIMORE		ONSVILLE			IOd. INSIDE CITY LIMITS?	
100. STREET AND NUMBER 4 SOMERSET ROA	D		101. ZIP CODE 21.	10g. (U.S.A		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR	IN U.S. ARMED S 2 NO DATES	13. WAS DECEMBENT O	n, Mexicen, Puerto		Black,	- American Indian, White, etc. WHITE
15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during most of working	PG 16	b. KIND OF BUSINESS/		
17. FATHER'S NAME (First, Middle, Last) TERENCE C. HEAL	Y	1			Middle, Maiden Sumamo		
19e. INFORMANT'S NAME (Type/Print)	De. INFORMANT'S NAME (Type/Print) 19b. MA			or Rural Route Nur	nber, City or Town, State, SVILLE, MD	Zip Code)	8
20e, METHOD OF DISPOSITION 1 \(\tilde{\Omega}\) Buriel 2 \(\tilde{\Omega}\) Cremation 3 \(\tilde{\Omega}\) Re 4 \(\tilde{\Omega}\) Donetion 5 \(\tilde{\Omega}\) Other (Specify)	emoval from State	Db. PLACE AND DATE OF DE PROJECT OF CHARLES OF THE PARK	SPOSITION (Name of CEMETERY	08/		- City or Town	n, State
21. SIGNATURE OF FUNERAL SERVICE	Lisher		22. NAME AND ADDRES HUBBARD FUR 4107 WILKER	NERAL HO		RE. MD	. 21229
shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	Synda	20M E		Interval Betwee			
PART II. Other significent condition	ona contributing to deeth	but not resulting in th	e underlying cause g	liven in Part I.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	â	VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	EATH (Check only o			
27. MANNER OF DEATH 1 Natural 5 Pending	1 (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Res	28d. OE	er (Specify) SCRIBE HOW INJURY (OCCUREO	
2 Accident Investigation 3 Suicide S Could not b 4 Homicide determined	28e, PLACE OF INJUR	IY — At home, ferm, street ocity)		28f. LO	CATION (Street and Num or Town, State)	iber or Rural Rou	ite Number,
	SICIAN: To the best of my kno						and menner ee stated.
296. SIGNATURE AND TITLE OF CERTIF	oderich	MD	29c. LICE	NSE NUMBER		DATE SIGNED	
	erick	900 CA	ton Ave	BAI	Timore	MD	
31. DATE FILEO (Month, Dily, Year) ALIG 1 9 1992	go a 100 100	Latinos					

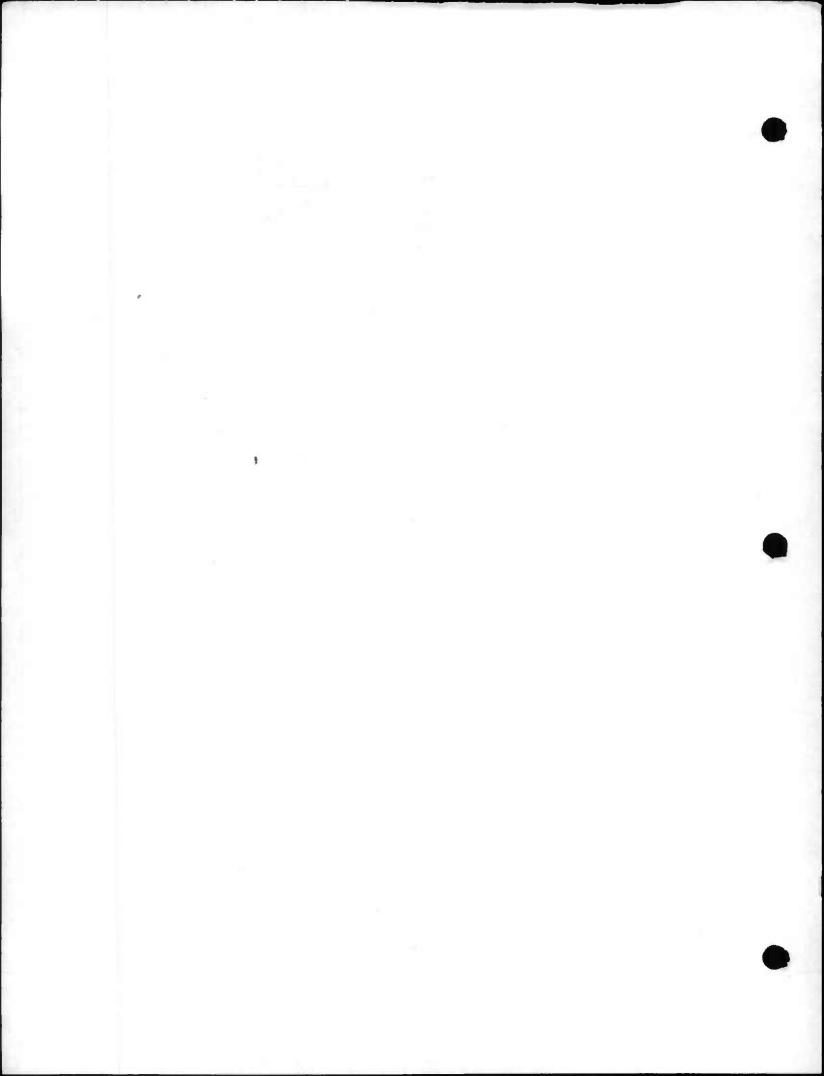


BALTIMORE, MARYLAND 21215-0020

FOR
STATE
REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

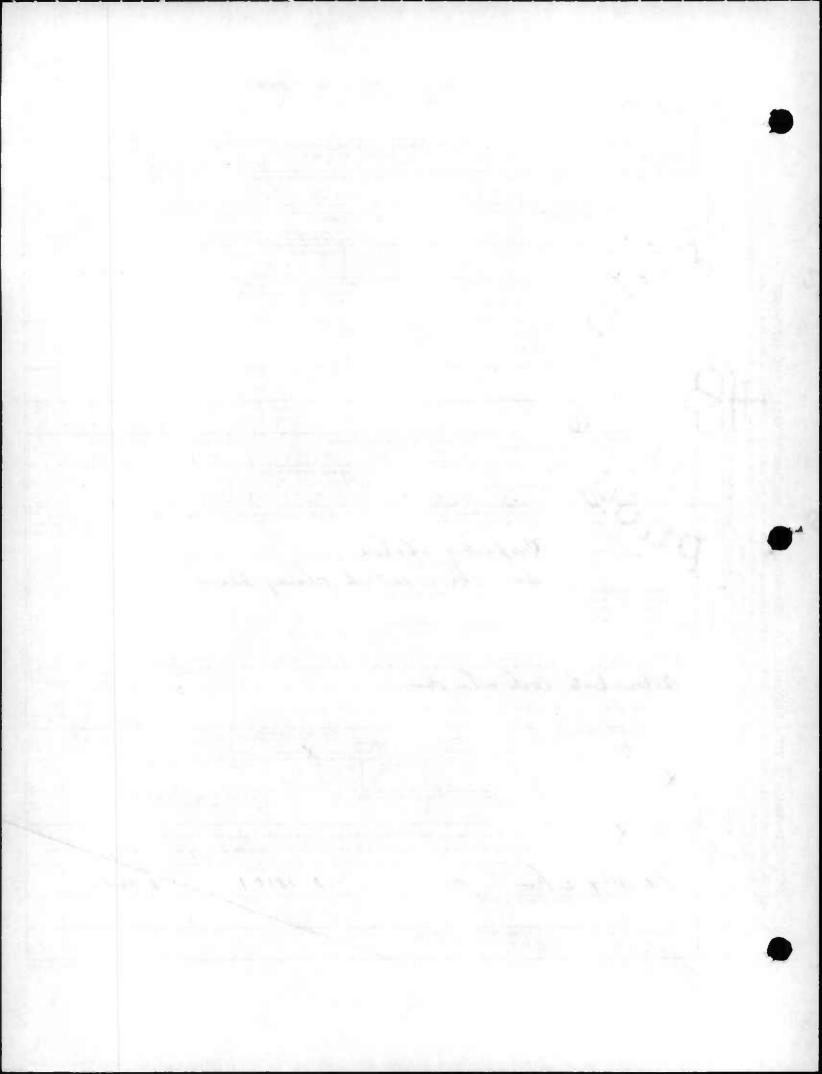
	REGISTRAR		CERTIF	CATE OF	DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH	V=4=	3. TIME OF DEATH		
	Ralph	F	Hambleton			08		992	2:21 PM		
		SEX 8. AGE	70 vns.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De Sept	URTH	& BIRTH	PLACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	OR LOCATION OF DI			UNTY OF D			
TOR	Francis Scott Key Medical Center Baltimore										
DIRECTOR	Md. Ba	10c. CITY	, TOWN OR LOCA	astpoin	it			10d. INSIDE CITY LIMITS? 1 YES 2 1 NO			
FUNERAL	100. STREET AND NUMBER 7903 East	đ	10	f. ZIP CODE 212	24	10g. CI	TIZEN OF V	WHAT COUNTRY? A			
B	11. MARITAL STATUS 1 □ Nover Married 2 □ Married 30 □ Widowed 4 □ Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 □ YES 2 □ IF YES, GIVE WAR OR DATES			If yes, s	CENDENT OF HISPAI sectify Cuben, Mexica 3 2 NO Specifi	in, Puerto Ricen	pecify Yes or No— i, etc.)	Blaci	E — American Indian, k, White, etc.		
8	15. DECEDENT'S EDUCATE	ON	16a. DECEDENT'S			16b. KIN	D OF BUSINESS/II	NOUSTRY			
COMPLETED	(Specify only highest grade completed) Give kind of work done during most of working life. Do NOT use retired.)								s&Electric		
S S	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle	e, Malden Sumame)				
BE 0	Ralph W. Ha	ambleton	Sr.		Em	ma Mc	Cubbin				
5	19a. INFORMANT'S NAME (Type/Print) James Hamble	eton			and Number or Rural				Md.21136		
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE O			DATE	_				
	1 Donation 5 Other (Specify)	from State	ak crometory or of	her Cemet	ery 8/2	1/92	BAlti				
	21 SIGNATURE OF FUNERAL SERVICE LICENS	SEE	11	22. NAME A	ND ADDRESS OF FA	CILITY					
	(Innelly tu	neral f	lone)						Ave.21221		
	23. PART I. Enter the diseases, or comshock, or heart allure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Arterioscle	nch line.	rdiovas					Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF								
	PART II. Other significant conditions co	ontributing to death b	ut not resulting i	n the underluir	a cause alman in	Boot i Od-	. WAS AN AUTOPS	v I au	WERE AUTOPSY FINDINGS		
MEDICAL	Mitral Valve Dis				9 00000 911011 111	10	PERFORMED? YES 2 M NO IQUITY	240	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)					
IYS	1 Ž-YES 2 NO 1	Inpatient 2 ER/Outp		4 - Nursing Hor	ne 5 🗆 Residence						
BY PI	1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIMI	URY W	JURY AT ORK? YES 2 ND	28d. DEŞCRIE	BE HOW INJURY O	CCURED			
G	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, a	treet, factory, offic	ca .	26f. LOCATION	N (Street and Numb wn, State)	er or Runal F	Boute Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN ONE) 2 MEDICAL EXAMINER: 0	N: To the best of my know							i) and manner as stated.		
BE (296. SIGNATURE AND TITLE OF CERTIFIER	1 00 1			29c. LICENSE NUI	WBER	29d. DA	TE SIGNED	(Month, Day, Year)		
2	Nermo /	L. Chute	cm?		O.C.M.	E.	▶ 0	8 18	1992		
	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE			L D 311			0400	1		
	Dennis Chute, MD 31. DATE FILED (Month, Day, Year)	33. REGISTRAR'S SIGN	ATHOC	in Stree	t, Balti	more Ma	aryland	2120			
	AUG 1 9 1992 3	wha Davidson-	fander.								



INFRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should fill 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 38-TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MAR		TMENT OF I			YGIENE EG. NO.	66016		
		MARIE	нами	IOND		2. DATE OF D	15, 199	3. TIME OF DEATH		
	4. SOCIAL SECURITY HUMBER 217-30-2740	1 🗆 M 2 💢 F	GE (In yrs. lest birthdey) 70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BU (Month, Day) JUN • 1	3,1922 a.	BIRTHPLACE (State or Foreign Country) MARYLAND		
OR	99. FACILITY NAME (If not inetitution, give to 3400 EAST BAI		REET		TIMORE		9c. COUNTY	OF DEATH		
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCA	TIMORE	CITY		10d. IHSIDE CITY LIMITS? 1 X YES 2 HO		
FUNERAL	3400 E. Baltimo	ore Street			f. ZIP CODE	224	10g. CITIZE	N OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Merried 1 Never Merried 1 Never Merried 2 Merried 4 Divorced 12. WAS DECEDENT EVER IH U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			II yes, sp	CENDENT OF HISPA secify Cuben, Mexic 2 10 HO Speci		Black, White, etc. Specify: WHITE			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Iffe. Do NOT use n			work done during me	osl of working	OWN HOM	TRY			
	N/A 17. FATHER'S HAME (First, Middle, Last) JOHN R. Erans		1 noc	SEMILE	18. MOTHER'S H	AME (First, Middle RY LOM	, Malden Surname)	IE.		
TO BE	196. IHFORMANT'S HAME (Type/Print) LORETTA WILSO	N			and Number or Rural	Route Number, Ci	ity or Town, State, Zip Co	21224 BALTO, MD.		
	20s. METHOD OF DISPOSITION XXBuriel 2 Cremetton 3 Removal from State 4 Donetton 5 Other (Specify) 20b. PLACE AHDDATE OF DISPOSITIOH (Name of competent, cremetory of other place) CEDAR HILL CEMETERY 8/18 BALTIMORE, MD. 21225									
	21. SIGHATURE OF FUNERAL SERVICE LI	CEHSEE	700550	22. HAME A	N-ASHT	ON FUN	ERAL HOM	E INC.21224 EET.BALTO,MD		
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	lare	fulmony			t, Approximate Interval Between Onset and Death				
PHYSICIAN: MEDICAL C	PART II. Other significant condition	in the underlyin	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 N NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF OEATH (C					
BY PHYS	27. MAHNER OF DEATH 1 Hatural 5 Pending Investigation	1 Inpatient 2 ER/C 28e. DATE OF INJUI (Month, Day, Yea	RY 28b. TIM	E OF 28c. IN.	NURY AT ORK? YES 2 HO		city) E HOW IHJURY OCCUP	RED		
	3 Suicide 8 Could not be determined 28e. PLACE OF IHJURY — At home, farm, street, tectory, office building, etc. (Specify) 28f. LOCATIOH (Street and Number or Rural Rout City or Town, State)							Rural Route Number,		
COMPLET		(Check only 1) CERTIFY NO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated.								
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	fem	MO		29c. LICENSE NU D - 181			IGNED (Month, Day, Year)		
	31. DATE FILEO (Month, Day, Year) AUG 19192	32. REGISTRAR'S SI		Print)						





1 -	FOR STATE REGISTR	Al
1. D	ECEDENT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lass JOYCE		IFC.		OAIL	OF DEATH	2. DATE OF DEATH MONTH	DAY	YEAR 3.	. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	A files de A		- I	08	14	92	1:15p м
_	094 38 1424	1 M 2 F	45		IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/20/194		Country)	ACE (State or Foreign
should	9e. FACILITY NAME (If not institution, give	e street and number)			9b. CITY, TO	WN OR LOCATION OF E		W	TY OF DEAT	York ?
L. Pages 1, 2, 3 s	JOHNS HOPKIN		L		BAL	TIMORE CIT	Y			NA
2 E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUR			I too CITY	TOWN OR I	OCATION				
	Maryland 10e. STREET AND NUMBER	na				ltimore			1	Dd. INSIDE CITY LIMITS? YES 2 NO
Mail-transit permitted	2812 Hilldale A								EN OF WHA	AT COUNTRY?
N. S.	11. MARITAL STATUS	12. WAS OECEDEN	IT EVER IN U.S. AR	RMED	13. WAS	DECENDENT OF HISPA	218	USA	M DACE	American Indian.
2	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 1		If y	s, specify Cuban, Mexic YES 2 NO Speci	an, Puerto Rican, atc.)		Black, W Specify:	White, atc. Black
	15. DECEDENT'S Et (Specify only highest gra	DUCATION ode completed)	18a. DE	CEDENT'S U	JSUAL OCCU	PATION og most af working	16b. KIND OF E	USINESS/INDU	ISTRY	
3 -4	Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT use	retired.)	ng most or working				
S O							Hous	ekeepi	ng	
Lalon E CC	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S N	AME (First, Middle, Maid	en Surname)		
9	19a. INFORMANT'S NAME (Type/Print)		190	b. MAILING A	ADDRESS (S	reet and Number or Rural	Route Number, City or To	own, State, Zip (Code)	
and be	20a. METHOO OF DISPOSITION 1 Gurlet 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE I			N (Name of	DATE 20c. I	OCATION — C	ity or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE	in state	d wada s	D.I.	22. NAI	E AND ADDRESS OF F	ICII ITY			
Examiner	Danierel 11	Ronal	u wade,	Dir 17/92			State	Anato	my Bo	ard
2 (0)	23 PART I Enter the diseases to	////CCC	- Links			W.Baltimo				1
the medical	23. FART I. Enter the diseases, of ahock, or heert fellure	s. clat Dilly Dile Ceu	iae un each line	1.				piratory arre	at,	Approximate interval Between Onset and Death
f, crematic	disease or condition resulting in death)	· Probo	the wel	hemi	ic bo	med dese	vae			300ys
CD .		DUE TO	(OR AS A CONSEC	DUENCE OF):	:					0
traumatic	Sequentially list conditiona, if any, leading to immediate	b DUE TO	(OR AS A CONSEC	DUENCE OF):	:					
0	ceuse. Enter UNDERLYING CAUSE (Disease or injury	C								
y, or other	that initisted events resulting in desth) LAST	DUE TO	(OR AS A CONSEC	OVENCE OF):	:					
S S S	Todating in death) CAST	d								
In in	PART II. Other aignificent condition	one contributing to	deeth but not r	eaulting in	the under	lying cause given in	Pert I. 24a, WAS A	N AUTOPSY		RE AUTOPSY FINDINGS
any	Acqueed im	Je Ochum	cuncy	syn	Dia	2	1 NES	PRMED?	CO	MPLETION DF CAUSE
훈 물 때	Seizure De	sorder,	Rend	Q in	sull	ciencia			1	DEATH?
	- Undom of	cupto co	ecal n	nane	ned t	15 0				
ed, or Item 23 sho PHYSICIAN: N	25. WAS CASE REFERREDATO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF DEATH (C)	eck only one)			
一	1 YES 2 ND 27. MANNER OF DEATH	1/2 Inpatient 2		□ DOA 4	■ Nursing	Home 5 🗆 Realdence				
> 42	1 Natural 5 Pending	28e. DATE OF (Month, Di		28b. TIME INJUI	RY	WORK?	28d. DEŞCRIBE HOW	INJURY OCCU	IRED	
0	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE O	F INJURY — At ho	me, ferm, atn			26f. LOCATION (Stree	t and Number o	r Rural Route	e Number,
2 co W	4 Homicide detarmined	building,	etc. (Specify)				City or Town, Stel			
I Item	29a. CERTIFIER (Check only one) CERTIFYING PHY	SICIAN: To the best of	my knowledge, dar	ath occurred	at the time,	date and place, and due	to the cause(a) and m	anner as stated	1.	
Within 72 hours a TANT: If Item 2 COMPLET	one) 2 MEDICAL EXAMIN	NER: On the basis of ax	reminetion and/or i	nvestigation,	, in my opini	on, death occured at the	time, data and place,	and due to the	cause(s) an	d manner as stated.
PE W	29b. SIGNATURE AND TITLE OF CERTIFI	EB	7			29c. LICENSE NU	MBER	29d. DATE	SIGNED (Mo	onth, Day, Year)
IMPO TO B	Kelly (ova	Om	2		Reside	A.	•	2110	1192
-	30. NAME AND ADDRESS OF PERSON W		DE OF DEATH (ITEM	27) (Type, P	Print)	Kovalo	vich 6	OO N.	WOLFE	ST 21267
	31AUG 191992		R'S SIGNATURE	4		- 477			911	
L	10 1002		Suran	1						

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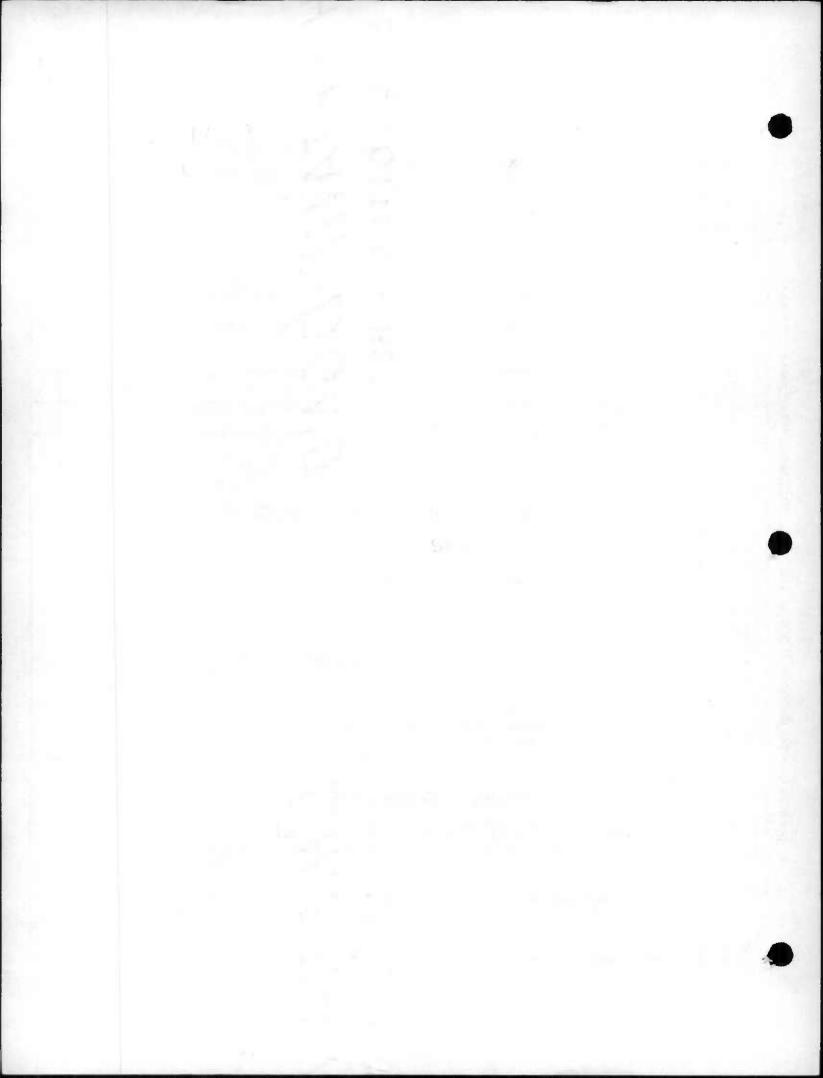
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	HYSICIA	his certi	ced, or
	DING P	After the death	s mari
	R ATTEN	RECTOR.	m 28
5	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Extremus after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	E HOSF	E FUNE	PRTANI
	E P	5 T S	IMP

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		ERTIF	ICATE	OF	DEAT	Н	REG. NO).	3. TIME OF DEATH
										2 11:00 p
4. SOCIAL SECURITY NUMBER 213-10-3924A	5. SEX	M 2 1 78 MONTHS DAYS HOURS MIN. (Month, Day, Yes					7. DATE OF BIRTH (Month, Day, Year) JULY 1	1414	BIRTHPLACE (State or Foreign Country) MARYLAND	
94. FACILITY NAME (If not institution, give SINAI HOSPITAL	99. FACILITY NAME (If not institution, give street and number) SINAI HOSPITAL						ON DF DE		9c. COUNTY	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUN						ION				10d. INSIDE CITY
MARYLAND				BALTI	MORE					1 TES 2 ND
3725 CLARINTH	RD.				10	21	215		USA	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FDRCES? 1 IF YES, GIVE V	T EVER IN U.S. YES 2 NAR DR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yee, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 ND Specify:					ns or No 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EC (Specify only highest gra- Elementary/Secondary (0-12)	(Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind (Give kind			T'S USUAL OCCUPATION of work done during most of working T use retired.) EWIFE			AT HO		TRY	
17. FATHER'S NAME (First, Middle, Last) JOSEPH LESSE	7. FATHER'S NAME (First, Middle, Last)					18. MOTI	HER'S NAI	ME (First, Middle, Meide	n Surname)	INOWN)
19a. INFORMANT'S NAME (Type/Print)		- T	19h MAH IN	3 ADDRES	S (Street	and Number		Route Number, City or To		•
SIDNEY KLEIN								property of the same		
	3725 CLARINTH RD. BALTIMORE, MD 21215 20s_METHOD OF DISPOSITION 1 © Burlel 2 © Cremetion 3 © Removel from State 4 © Donation 6 © Other (Specify) ARI, INGTON (CHIZUK AMUNO) 8/16/92									or Town State
21, SIGNATURE OF FUNERAL SERVICE	Itelly	I ARL	LINGIC	22.	NAME A	LEVI	SS OF FAC	& BROS.,	INC.	
23. PART I. Enter the diseases of shock, or heart fallum IMMEDIATE CAUSE (Final disease or condition resulting in death)	diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory streat, heart failure. List only one cause on each line. ASTS TO LE DUE TO (OR AS A CONSEQUENCE OF):								Approximata Interval Betwee Onset and Deal	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE DA):									
CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (DR AS A CONSEQUENCE OF):									
PART II. Other significant conditions	ons contributing to	death but no	ot resulting	in the u	nderfyln	g cause	given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	1 TYES 2 NO									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE:	R:			6 Other (Specify)		
27. MANNER OF DEATH 1. Natural 5 Pending		F INJURY Day, Year)	28b. Til	ME OF JURY M	W	JURY AT ORK? YES 2	ND	28d. DESCRIBE HOW	INJURY OCCUI	RED
3 Suicide 6 Could not b	28e. PLACE I	OF INJURY — At , etc. (Specify)	home, farm,	street, fac	tory, offi		4	26f. LOCATION (Stree City or Town, Staff		Rural Route Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI										:ause(s) and manner as stated.
296. SIGNATURE AND TURLE OF CERTIF	TER OA	4				29c, LIC	ENSE NUN	IBER	29d. DATE 8	HGNED (Month, Day, Year)
	VIJUI	12								

Julia Varido - Randall



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 but after death with the State begind the thatth and Memial Hyghere prior to burial, cremation, or removal.	ned by	d bluc		Take a
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filled within 72 buts after death with the State Dept. of Health and Mental Hydere prior to burish, cremation, or emoval.	retail	5 sh		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral din be filled within 72 hours after death with the State begt, or of Head and Mental Hygies prior to burial, creatingly in removal.	# 6 m	ector,		-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer being within 15 hours, the following the filled with the State Debt. of Health and Mental Hyglene prior to burial, crentation, or removal.	Page	al din		-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Health and Mental Applien prior to burial, certainfold.	death.	funer		-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours TO THE FINKERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the belief death with the State begin of Health and Mantal Hygher prior to burial, cremation, or the	after	by the	Thoval	lan!
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filled within 12 fourus after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, the filled within 12 fourus after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, the fourus of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	SUDO	d in t	or rei	how
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 fours after cleath with the State Dept. of Health and Mental Hygiene prior to buring, certain and mental Hygiene prior to buring, certain and mental Hygiene prior to buring, certain and mental Hygiene prior to buring, certain and mental Hygiene prior to buring, certain and mental Hygiene prior to buring, certain and mental Hygiene prior to buring, certain and mental Hygiene prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the prior to buring the p	24 1	y fille	rtion,	444
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO THE FINKERAL DIRECTOR: After this certificate has been signed by the attending physician and combined their with the State Dept. of Health and Mental Hygiene prior to burial, the fine within A. Z hours after death with the State Dept. of Health and Mental Hygiene prior to burial, the first property of the state of the state of the prior to burial, the first prior to the state of the state of the state of the prior to burial, the first prior to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	within	pletel	crema	-
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31. DATE FILED (Month, Day, Year)
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1992 Julia Navidon-Ample 82

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	1. DECEDENT'S NAME [First, Middle, Last) DO TO THY KLAFF) 2. DAT MON							3. TIME OF DEATH	m		
	200 1170-	SEX 6. AGE (In yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 HRS. 7. DAT (Mor)					10	BIRTHPLACE (State or Fore) WASHINGTON,	ign D.		
OR	Sa. FACILITY NAME (I not institution, give street and number) Single Hospital of Bottimore Baltimore MD 96. COUNTY OF DEATH										
DIRECTOR	PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD BAI	10c. CITY,	TOWN OR LOCA BALTIM				10d. INSIDE CITY				
	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZE	1 YES 2/14N	D		
EB	1 SLADE AVE, APT	. 801			21208		USA				
BY FUNERAL	1 Never Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yea, sp	CENDENT OF HISPA ecity Cuban, Mexico 3 2 X NO Specific	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.) by:	or No- 14	6. RACE — American Indian, Black, White, etc. Specify: WHITE			
0	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		16a. DECEDENT'S U	ISUAL OCCUPATION done during mo	ON and unching	16b. KIND OF BU	SINESS/INDUS	STRY			
COMPLETED		ollege (1-4 or 5+)	life. Do NOT use	retired.)							
N N	17. FATHER'S NAME (First, Middle, Last)	2		HOUSE			HOME				
	JAMES FILTZER				ROS	ME (First, Middle, Malden		71 1170			
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street a			MEYER oute Number, City or Town, State, Zip Code)				
10	MR JEROME KLAFF 1 SLADE AVE, APT. 801 BALTO., MD 21208										
188	20e METHOD OF DISPOSITION PLA Burial 2 Cremation 3 Removal		PLACE AND DATE OF	er place)				y or Town, State			
	4 Donation 5 Other (Specify) CHIZUK AMUNO 8-17-92 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
and and and and and and and and and and	SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215										
	23. PART I. Enter tha diseases, or comp shock, or haert failura. List	olications that caused	tha death. Do no					it, Approximate			
	IMMEDIATE CAUSE (Finel								ween Death		
i i	disease or condition resulting in death) a. Respiratory Failure DUE TO (OR AS A CONSEQUENCE OF):										
	_	COPP	CONSEQUENCE OF)	:							
ERTIFICATION	Sequentially list conditions, if any, leading to immediate Due to (OR AS A CONSEQUENCE OF):										
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	Chroni		sinat	ias P	neumon	(Morias)				
	that initiated events resulting in death) LAST	DUE TO (OR AS A							7		
	resulting in death) LASI										
AL	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMEO? AMALABLE PRIOR TO										
MEDICAL	Gastropare	515				1 _ YES 2		COMPLETION OF CAU OF DEATH?			
							1 TES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
SC	EXAMINER? HC	SPITAL:		OTHER:	ACE OF DEATH (Ch						
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. IN.	6 ☐ Other (Specify) 28d. DEŞCRIBE HOW I	NJURY OCCU	RED				
ВУР	1 Notural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO					The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					
0	3 Suicide 6 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)										
COMPLET	29a. CERTIFIER (Check only	: To the best of my knowle	dge, death occurred	at the time, date	and place, and due	to the cause(a) and mar	mer sa stated.				
O.								cause(a) and manner as state	ed.		
BE C	280. SEMESTURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE S	HONED (Month, Day, Year)			
10	The few MP, PHD 2314 8/15/92										
1	36. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEA	TH (ITEM 27) (Type, F	Print)	16						

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ATTRODING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The law is the best of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

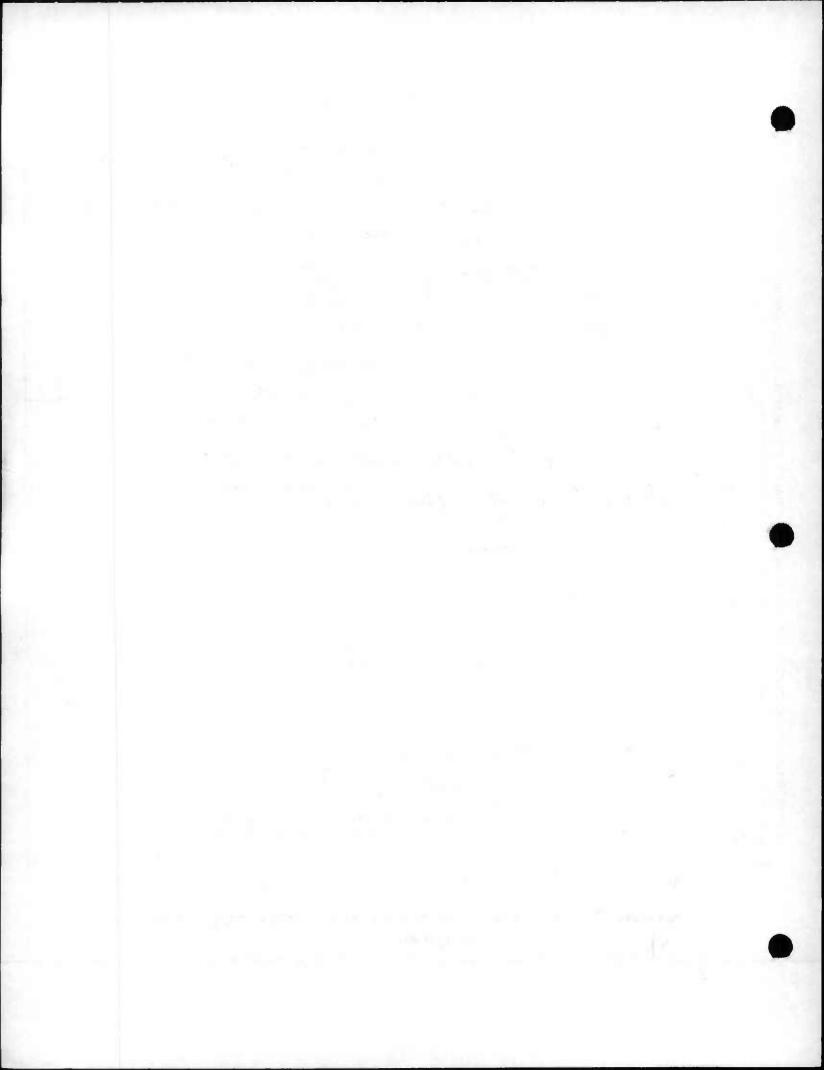
It is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STEPHEN

31. DATE FILED (MONTH). Dgs.

AUG 19

	1 - STATE REGISTRAR	0.7.12 01	MARYLAND	ERTIF					MENIAL	REG. NO.	Ľ			
	1. DECEDENT'S NAME (First, Middle, Lest) YOUNG MOO LEE									2. DATE OF DEATH STATE OF DEATH AUGUST 17, 1992 11:20 A				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DATE OF BIRTH		e Burrens		11:20 A M	
	219-96-4200 1□ M 2 対F		74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Aug.	Day, Weer) 10,19	18	Country	rth Korea	
DIRECTOR	9a. FACILITY NAME (If not institution, THE JOHNS HOI	LTAL		9b. CITY, TOWN OR LOCATION OF DEATH 9c, COL							UNTY OF OEATH TIMORE CITY			
2	RESIDENCE OF DECEDEN 10a. STATE 10b. CO		10c. CITY, TOWN OR LOCATION 10d INSIDE CITY											
5	Maryland						City				10d. INSIDE CITY LIMITS?			
- 10	10e. STREET AND NUMBER		Do	ar cri		ZIP CODE		10g. CITIZEN OF WHAT				1 X YES 2 NO		
- CHELLON	10 West 20th Street Apt.			15 U 21202					North				n Korea	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEOENT EVER FORCES? 1 YES			ARMED NO		If yes, spe	ENDENT OF	ı, Mexica	n, Puerto Ri	(Specify Yes can, atc.)	or No—	14. RACE Black, Specify		
	15. OECEDENT'S		16a. I	DECEDENT'S	USUAL O	CCUPATIO	N .		16b.	KIND OF BUS	INESS/IND	USTRY	Korean	
	(Specify only highest Elementary/Secondary (0-12)	Coflege (1-4 or 5		(Give kind of a ife. Do NOT us	vork done se retired.)	during mo	at of working	9						
	9 th Grade		Н	ome Ma	aker					Own H	ome			
	17. FATNER'S NAME (First, Middle, Las						18. MOTN	ER'S NA	ME (First, Mi	ddle, Maiden	Surname)			
	Seung Man 19a, INFORMANT'S NAME (Type/Print)	im							know					
	Mr. Seung Yoo			9048									land 21043	
	20a. METNOD OF DISPOSITION	2)	20b. PLAC	_				16 1	OATE					
	4 Densition 5 Other (Specify) Dillarey Valley Mem Gardens 8/10/92 Timonium Md													
	22. NAME AND ADDRESS OF FACILITY 1050 York Rd.													
	Ruck Towson Funeral Home, Inc. Towson, Md. 2120 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
	ahock, or heart fallure. List only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
	CAUSE (Disease or Injury That Initiated events reaulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): d.													
	PART II. Other algorificant cond	tions contributing to	death but not	resulting I	n the un	derlying	cause gl	iven in i		PERFORE	MED?	6	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2/4 NO	
	25. WAS CASE REFERRED TO MEDICAL FYAMMINED? 28. PLACE OF DEATH (Check only one)													
	1 YES 2 KNO	1 Inpatiant 2		-		ing Nome		idence	6 🗆 Other (
ı	27. MANNER OF DEATN 1 Manner OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 2 Accident Investigation				b. TIME OF INJURY AT WORK? 28d. 0E\$CRIBE NOW INJURY OCCURED M 1 YES 2 NO									
	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, tarm, street, tector building, stc. (Specify)						ry, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
		NYSTCIAN: To the best of a											and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERT	FIER	4.8				29c. LICEN	ISE NUM	BER		29d. DATE	SIGNEO (A	Month, Day, Year)	
	Strulger D.	/funou	M				32	216	50		•	8/17	192	
	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) STEPHEN D. SISSON JOHNS HOPKINS HOSPITAL BALTINGALLY 31. DATE FILED (Morrip, Day, Year) 4. I.G. J. 1992 June John Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johnson Johns													



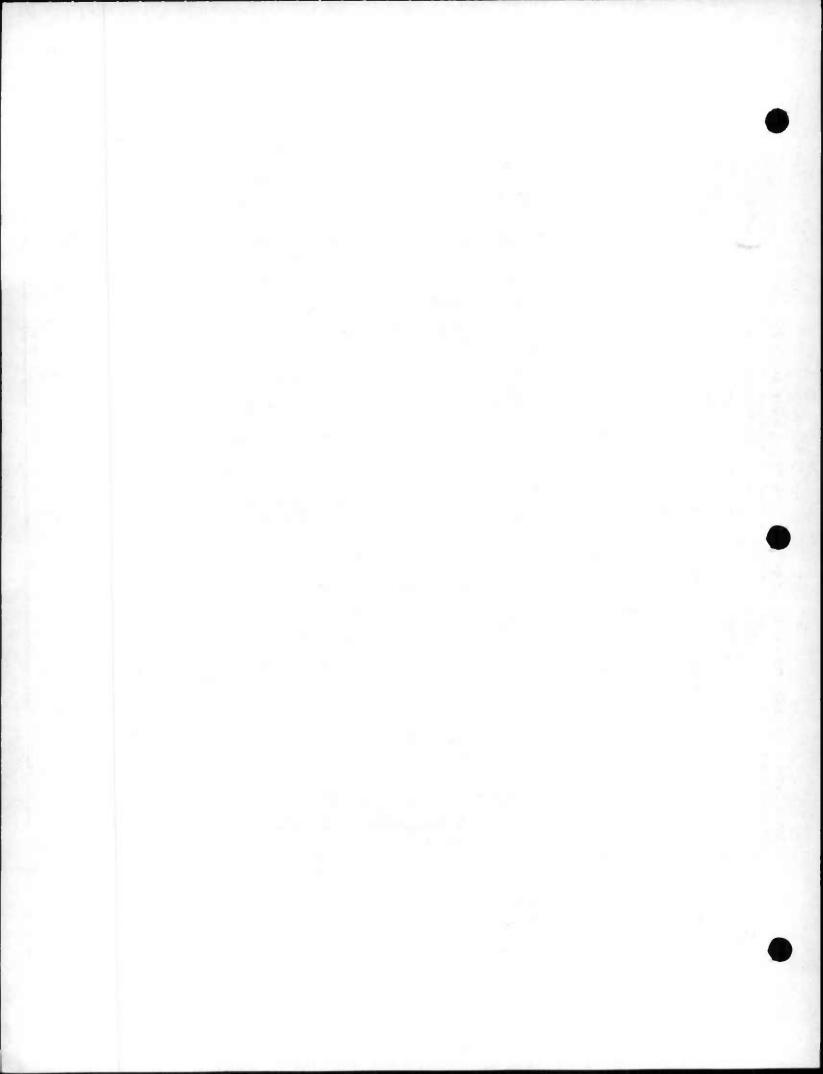
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	1 - STATE STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	56 66011									
	1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH OMONTH DATE 1. DECEDENT'S NAME (First, Middle Last)	3. TIME OF DEATH									
	4. SOCIAL SECURITY NUMBER 210-32-1018 5. SEX 6. AGE (In yrs. lest birthday) 1 M 2 F WASH DAYS HOURS MIN. 5. SEX 1 M AGE (In yrs. lest birthday) 1 DAYS HOURS MIN. 5. SEX 1 DAYS HOURS MIN. 5. SEX 1 DAYS HOURS MIN. 5. SEX	a. BIRTHPLACE (State or Foreign CONNECTICUT									
S. H	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH	9c. COUNTY OF DEATH BO TO MARKET									
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY									
		1 YES 2 NO									
FUNERAL	25 CUR COURT, FOT C 2117 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Vis.)	USA									
BY	3 Wildowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 NO Specify:	(Specify Yes or No lan, etc.) 14. RACE — American Indian, Black, White, etc. Specify The Company of the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 13. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) HOUSEWIFE AT HOME	16b. KIND OF BUSINESS/INOUSTRY									
BE CON		urname) EVIN									
TO B	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town,	DR STEPHEN LEVIN									
20 100	29a. METHOD OF CISPOSITION Surial 2 Cremation 3 Ramoval transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transformation Removal transfor										
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MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORM 1 YES 24	ED? AVAILABLE PRIOR TO									
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
PHYSICIAN:	1 YES 2 AQ 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 286 DATE OF INJURY 286 TIME OF 286 INJURY AT 28d DESCRIBE HOW INJURY OCCURED										
BY	1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be 128. PLACE OF INJURY — At home, farm, street, factory, office 2 28. LOCATION (Street and Number or Rural Route Number, City or Farm Shalp).										
COMPLETED	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner.	4 Homicide detarmined City or Yown, State)									
		due to the cause(a) and manner as stated.									
TO BE	30. NAME AND ADDRESS OF PERSON WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Fine Prior)	POS. DATE SIGNED (Month, Dey, Year) OS//J/92 a									
	MILAN WISTER IND 19 WALKER OVE; 31. DATE FILED (MONIT Day, 1907) 32. REGISTRAR'S SIGNATURE OOD AND TO SEE THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOD AND THE OOO	SALTUTOLE,									
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Julie Bavidson Andress

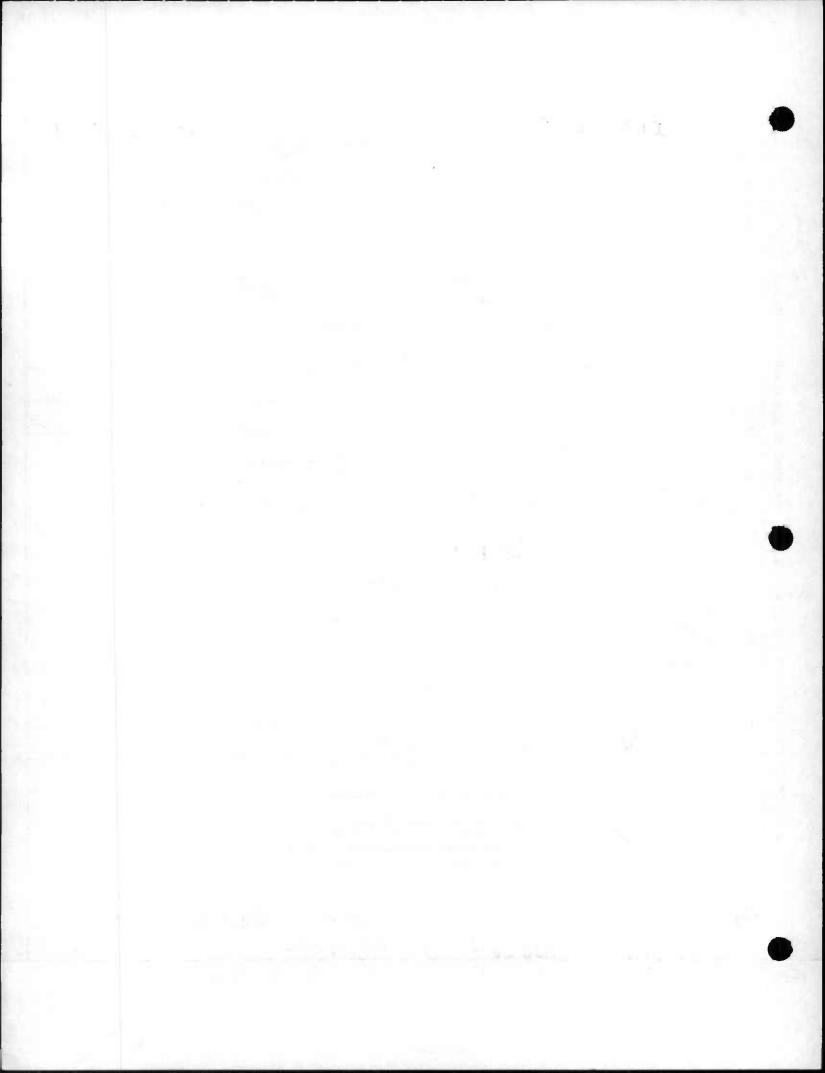
32. REGISTRAR'S SIGNATURE 1992



us after death. Page 6 may be retained by the hospital or attending physician. In by the functal director, page 5 should be detached for use as the burial-thansit emergency. entrol. edical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIR	MD 10a, STREET 31 11. MARITAL 1 KNover 3 Widow Elements 17. FATHER'S 19a, INFORM 20a, METHO 1 1 Burial 4 Donati 21. SIGNATU
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be escucted within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the horsal director, page 5 should be detached for use as the burial-thanst be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	iMMEDIAT disease or recuiting if any, lead cause. Enf CAUSE (Dit that initiat resulting if any). PART II. O 25. WAS CAS EXAMINI 1 YES 27. MANNER 1 Naturation one) 29a. CERTIFI (Check one) 29b. SIGNATI

STATE OF	MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	H		DEG NO

1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF	RTMENT	OF H	IEALTH DEA	AND	MENTA	L HYGIE		- (- La Lu () / E	
1. DECEDENT'S NAME (First, Middle, Last) IDA LEV	Y IDA	LEVY					2. DATE	OF DEATH		9Z	3. TIME OF DEATH 7:57 A M	
216 03 4938A		GE (In yrs. lest birthday) 97 YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS. MIN.		OF BIRTH	1894		PLACE (State or Foreign YORK	
99. FACILITY NAME (If not institution, give s SINAI HOSPITAL	treet and number)				I MOR		PEATH		9c. COU	NTY OF D	EATH	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD	7	10c. CI			LOCATION TIMORE					10d. INSIDE CITY LIMITS?		
10a. STREET AND NUMBER	10a. STREET AND NUMBER								10g. CITE	ZEN OF V	EN OF WHAT COUNTRY?	
11. MARITAL STATUS 1 X Sever Married 2 Married 3 Widowed 4 Divorced	1 Newer Married 2 Married FORCES? 1 YES 2 NO JE YES CIVE WAR OR DATES					21208 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Output, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:						
15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done a	CCUPATIO	ON ast of world	ing	16	. KIND OF B	USINESS/IND	USTRY	WHITE	
12 17. FATHER'S NAME (First, Middle, Last)		_LSA	LESPE	RSO		HER'S N	AME (First,	DE Middle, Maide	PARTME on Surname)	ENT S	STORE	
MORRIS LEV	7	19b. MAILING	G ADDRESS	(Street a				ERKOW ber, City or To	wn, State, Zip	Code)		
MRS RUTH MATZ 20. METHOD OF DISPOSITION 1 1 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	and place and	20b. PLACE AND DATE cemetery, crematory or of HEBREW YO	OF DISPOS	ITION (Na	me of		DAT	E 20c. L	OCATION —	City or To)MD_21208 wn, Stata	
21. SIGNATURE OF FUNERAL SERVICE LIC	ce Lev	enson	22.	SOIO	L LE	VINS	ON &	BROS.	, INC		ID. 21215	
shock, or heart failure.	DUE TO (OR A	n sech line.	Pner								Approximata interval Between Onaet and Death	
PART ii. Other algolificent condition	a contributing to deet	h but not resulting	in the un	deriying	ceuse	given in	Part i.		N AUTOPSY PRMED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		OTUE		ACE DF D	EATH (C	neck only o	ne)				
1 TYES 2 ND 27. MANNER OF DEATH	HOSPITAL:			ing Hom		esidence	6 🗆 Othe					
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	ir) IN.	JURY	1 🗆 1	PIK?	NO	28d. DE	SCRIBE HOW	INJURY OCC	URED		
3 Suicide 8 Could not be 4 Homicide determined	28a, PLACE OF INJI building, etc. (S	JRY — At home, larm, Specify)	street, lacte	ory, offici				ATION (Street or Town, State	and Number e)	or Rural R	oute Number,	
	CIAN: To the best of my kr R: On the besis of examina										and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIER	40				29c. LIC	ENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)	
NECHAMA BERI		Dina	Print)	os f	ita	0, :	Ba	Hinu	re Mi	p 8	liais	
31. DATE SHEPP (15-wh, Day, Year)	AUG 19 19	32 file	Bavida	1	eple M	2	,					



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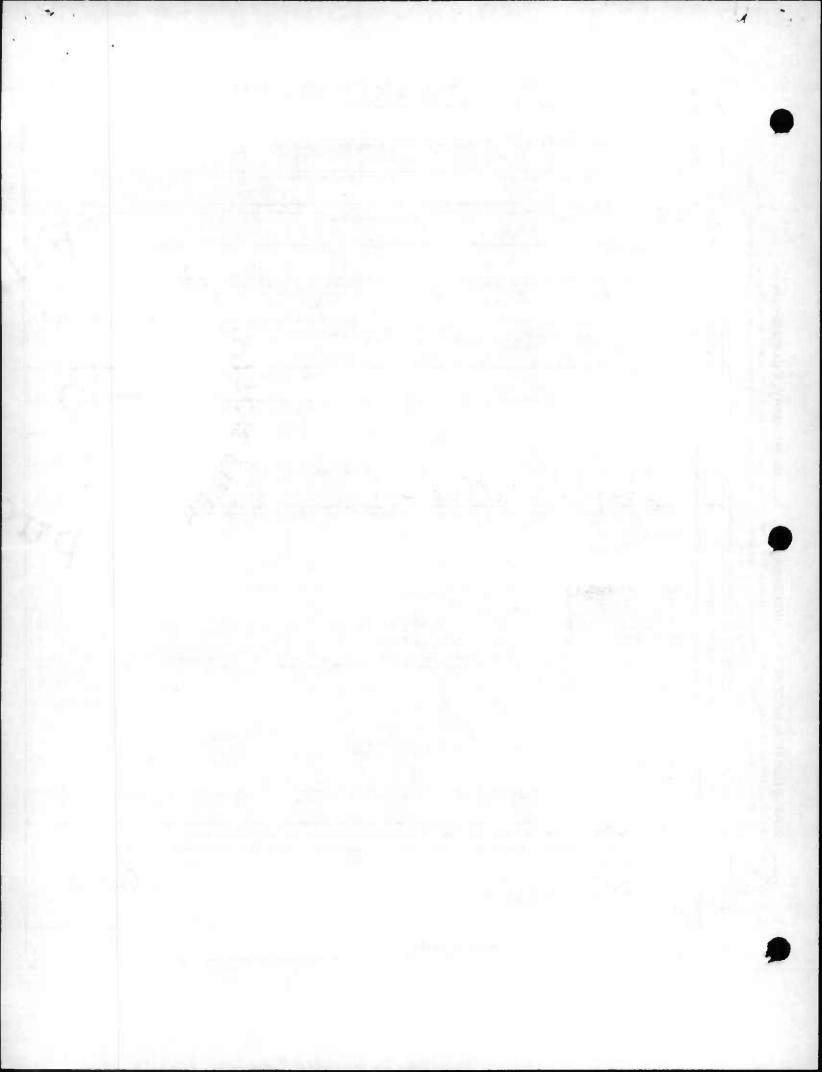
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certificate has been

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 040 YEAR harlotte Claire 16 1455 92 4. SOCIAL SECURITY NUMBER 5. SEX -8. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, BIRTHPLACE (State or Foreign Country) DAYS HOURS 214-26-9789 1 M 2 M 62 July 26,1930 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Mercy Hospital DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Baltimore 1 TES 2 THO 10s. STREET AND NUMBER FUNERAL 10f ZIP CODE 10e, CITIZEN OF WHAT COUNTRY? 3826 Victoria Avenue 21207 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, stc. FORCES? 1 YES 2 1 Never Married 2 Derried If yes, specify Cube 0 Specify. BY 3 Widowed 4 Divorced oucostar COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Cashier/Homemaker Retail/Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Henry Baker Dorothy Tracey 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 William A. Lloyd 3826 Victoria Avenue Baltimore, MD 21207 9 20g_METHOD OF DISPOSITION
1 Attucted 2 Cremation 3 D B
4 Donation 5 D Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State other traumatic event, the medical examiner must cometery, cromatory or other place)
Lorraine Park Cemetery Aug. 19, 1992 Woodlawn, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILTY
Loring Byers Funeral Directors, INC. filled in by the funeral descot 8728 Liberty Rd Randallstown, MD 21133-4784 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Batwean and completely filled in burial, cremation, or IMMEDIATE CAUSE (Finel Onset and Death Interction disease or condition resulting in death) erebral QUE TO (OR AS A CONSEQUENCE OF) CV 0 CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEDUENCE OF): Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING Derlip, Demis CAUSE (Disease or injury TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST sertension 23 shows any Injury, or sen signed by the atter of Health and Mental PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a, WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | 10 OF DEATH? 1 | YES 2 | NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL Item 2 26. PLACE OF DEATH (Check only one) State **EXAMINER?** OTHER:
4 □ Nursing Home 6 □ Residence 6 □ Other (Specify) 1 TYES 2 NO 1 Depatient 2 ER/Outpatient 3 DOA the > 6 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH with t 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED Item 28 is marked. 1 Mintural M 1 YES 2 ND DIRECTOR: After the hours after death w BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER
1 CHECK ONLY
1 CERTIFYIND PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 8/16 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 0 OUS PEDERKK AUG 19 199 32. REGISTRAR'S SIGNATURE DHMH-16 Rev 1/80





FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (Fil		202055							2. DATE O	F DEATH D	AY	YEAR	3. TIME OF DEATN
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	215-01-32		1 M 2 F	6. AGE (In yr.	s. last birthday) YRS,	MONTHS	R 1 YEAR	-	MIN.		Day, Year)		6. BIRTHI Country	PLACE (State or Foreign)
	90. FACILITY NAME (# not		street end number)			9h. CIT	Y TOWN	OR LOCATI	ON OF DE		1915	Da. CO.	Maı	yland
CHO	3509 Ric		Avenue					timor				na	TIT OF DE	AIR
DIRECTOR	10e. STATE	10b. COUN	TY		10c, CI	TY, TOWN	OR LOC	ATION						10d. INSIDE CITY LIMITS?
AL DI	Maryland	R	na			Balt		re						1 YES 2 NO
8	3509 Rich	mond A	Avenue					212			- 1	10g. CITI		SA
BY FUN	11. MARITAL STATUS 1 Never Merried 2 5 3 Wildowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO		If yes, :	ECENDENT (specify Cube ES 2 NO	n, Mexice	NIC ORIGIN? (In, Puerto Ric y:	(Specify Yes an, etc.)	or No-	14. RACE Black, Specify	— American Indian, White, etc.
9		CEDENT'S ED	UCATION		NO DECEDENT'S		00011841							White
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MP	8										Tr	uck I	rive	r
8	17. FATNER'S NAME (First,							18. MOT	HER'S NA	ME (First, Mid	dle, Maiden	Sumeme)		
BE	Edward F		d Morgere	th	401 44411 444			Id	a Ma	y Bia	ncere	ni I	Keppe	r
임	Ethel Moro									Route Number,				
	20e. METHOD OF OISPOSI	TION	and the second	20b. PLA	CE AND DATE				enue	, bal		CATION —		n. State
	4 Donation 5 Othe	r (Specify)		cemetery.	, crematory or o	other plece)								
	21. SIGNAPORE OF PUBER	AL SERVICE L	CENSEE Rona	ld Wad	e, Dir	22.	NAME	AND ADDRE	SS OF FA	CILITY	State	Anat	omy	Board
1	Since	111	Monde	8/	/92	65	55 W	. Bal	timo	ore St	, bal	Lto, M	D 21	201
	23. FART i. Enter the	diseases, or	complications the	t caused the	deeth. Do	not anter	the m	ods of dy	ng, aucl	h ea cardie	c or respir	ratory erro	est,	Approximate
4	IMMEDIATE CAUSE (FI		-								- 6			Onest and Di
	disease or condition resulting in death)	\rightarrow	s. <u>C</u>	ERE	bro 1	MS	cul	AR	Ac	icid.	ent	~		week
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3			OF-							_ 1	YES 2			MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
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AN	25. WAS CASE REFERRED	O PT												
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=	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b, TIM	E OF	28c. IN	JURY AT	eldence	8 Other (S 28d. DESCR		JURY OCC	URED	
2	1 Netural 5 2 Accident	Pending Investigation	(Month, Da	ny, rear)	INJ	M		YES 2	NO					
3	2 Culoida	Could not be	26e. PLACE Of building,	F INJURY At etc. (Specify)	home, farm,	streat, tect	ory, offi	ce		281. LOCATIO	ON (Street er fown, State)	nd Number o	or Rural Roo	rte Number,
<u>.</u>														
O. COMP.	(Check only	ICAL EXAMINI	ER: On the basic of ex	my knowledge, aminatien end/	or investigation	ed at the ti	lme, det pinion,	e end place, death occur	end due t	to the cause(time, date end	e) end mann d place, end	ner ee state I due to the	d. ceuse(s) s	ind manner ee stated
u	29b. SIGNATURE AND THE		39.	14				29c. LICE						fonth, Day, Year)
2	//	my K	anno	2	~ .			D	15	462		•	8/1	+/92
	30. NAME AND ADORESS O	F PERSON WI	O COMPLETED CAUS	E OF DEATH (I									-1.	
	DR, KARAC 31. DATE FILED (Month, Day,			00 E		Stre	et,	Balt	imor	e, MD	2121	8		
ļ	AUG 19 13		32. REGISTRAI	er's SIGNATURI										
				as Jane		4								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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THE DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	The After this certificate has been signed by the attending physician and completely filled in by the funeral direct	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	20 marked, or item 23 shows any injury, or other traumatic event, the medical examiner my

is marked, or Item 23 shows any injury, or other traumatic event, the medical

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92 22881 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Elta Mae McElroy 1992 5:29 August D.M 4. SOCIAL SECURITY NUMBER 5. 56% 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Your Apr. 9, IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign DAYE 220-01-2121 1 M 2 X F Virginia 84 YRS. 1908 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Manor Care Rossville Rossville Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Parkville 1 YES 2 X NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8317 Old Harford Road 21234 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16h. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 6 Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Housen Pearl (Not Known) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Audrey Switzer 831701d Harford Road Baltimore, Md. 21234 20s. METHOD OF DISPOSITION

1 Display 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Gardens of Faith 8/20/92 Baltimore Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Milton J Knight Jr Baltimore, Md. 21214 Leonard J. Ruck, Inc. 5305 Harford Road 23. PART I. Enter the diseases, or complications that c used the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert fellure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Fine)** disease or condition resulting in death) BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE D if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA e 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 1 Netural 1 YES 2 NO 2 Accident

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exa ath occured at the time, date and place, end due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 3559

28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify)

29d. DATE SIGNED (Month. 10 8

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

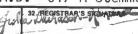
Dr. John J. Loh M.D. 617 A Stemmers Run Rd.

31. DATE FILED (Month, Day, Year) y 1992

6 Could not be

3 Suicide

4 Homicide

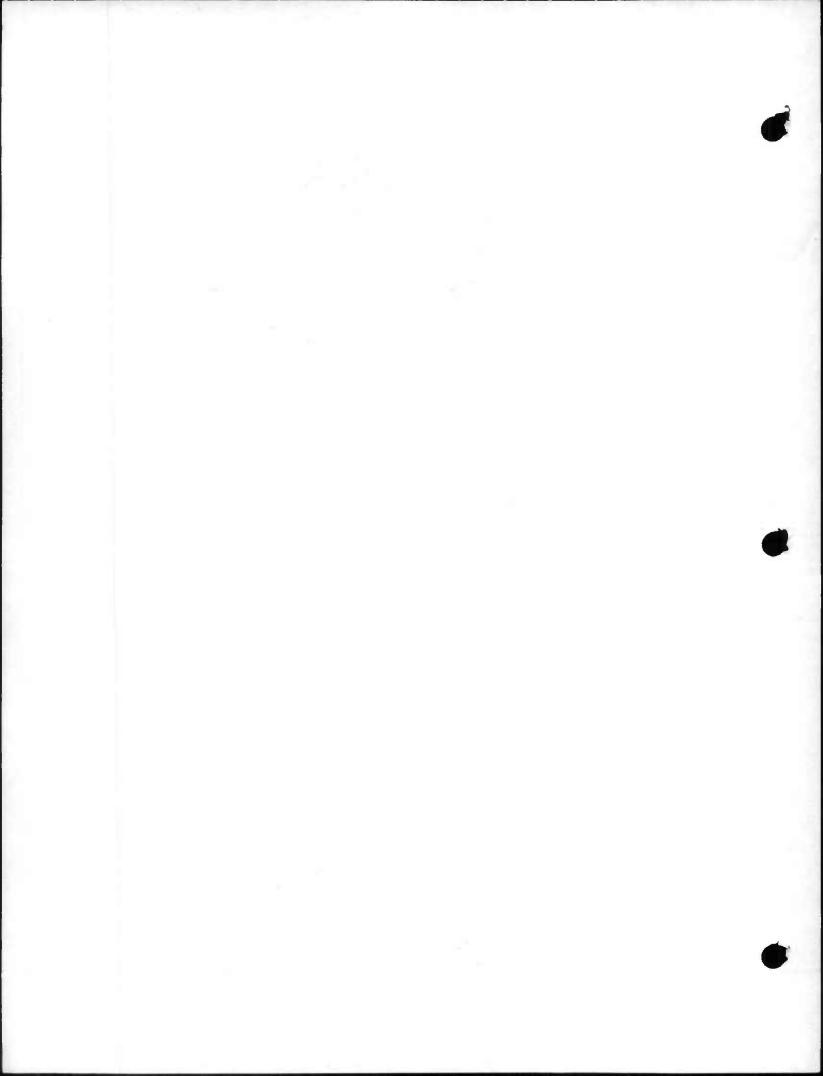


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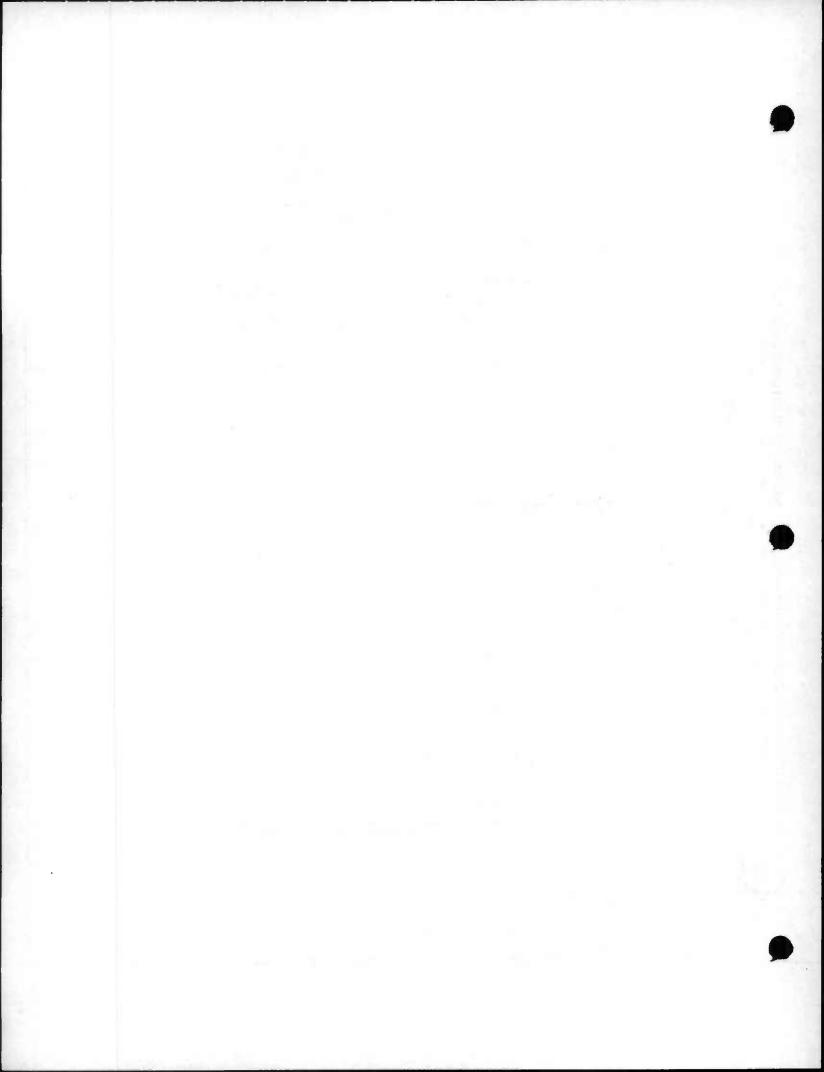
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A. M

		1. DECEDENT'S NAME (First, Middle, Last)		- 01	KIIIICA	IE OF	DEATH	2. DATE OF	PEG. NO.	YEAR 3	. TIME OF DEATH
		MILDRED KATI 4. SOCIAL SECURITY NUMBER		ORE			T =	8	16	1992	7:10 A.M
P		219-30-1029	1 🗆 M 2 💢 F	84	YRS. MONT		HOURS MIN.	(Month, 8	1908	Mary	land
2, 3 should	DIRECTOR	9a. FACILITY NAME (II not institution, give 6225 York Rd. A	pt N419			Balti	MOYE	DEATH	9c. C0	PUNTY OF DEA	тн
ges 1.	EC	10a. STATE 10b. COUNT	Y		10c. CITY, TOW	N OR LOCA	TION			1	od. INSIDE CITY
ermit. Pa		Maryland 100. STREET AND NUMBER			Balti		r. ZIP CODE		100 0	1	LIMITS? YES 2 NO
020 physician. burlal-transit permit. Pages	FUNERAL	6225 York Rd. A	pt. N419	57.50 W.H.C. 400	- T		21212		U.	S.A.	
BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician. The theoret director, page 5 should be detached for use as the burtal-tran most.	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 FYES, GIVE WAR	YES 2 X N	0	If yes, sp	Decify Cuban, Mexi 3 2 X NO Spec	can, Puerlo Ric	Specify Yes or No— an, etc.)	14. RACE - Black, V Specify: Whit	- American Indian, White, etc.
121 ante	E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(GF	CEDENT'S USUAL	ne durina mi	ON ost of working		ND OF BUSINESS/II		
MARYLAND 2- retained by the hospital of 5 should be detached for notified at once.	COMPLETED	Elementary/Secondary (0-12) 12 Yrs.	College (1-4 or 5+)		Do NOT use retire	d.)			rk Stief lversmit		
the host detach	8	17. FATHER'S NAME (First, Middle, Last)							dle, Malden Surname)		
MARYLAND retained by the hospit 5 should be detached notified at once.	BE	Phillip Amrhein 190. INFORMANT'S NAME (Type/Print)		1			Lillia		ristianse		
MAR retained 5 should notified	2	Kenneth P. Moore							city or Town. State, 2 timore, M		210
TORE, e 6 may be ector, page must be		26e, METHOD OF DISPOSITION 1		20b. PLACE A	ND DATE OF DISI	OSITION (N	ame of	0ATE	Balto.	- City or Town	
BALTIMORE, 124 hours after death. Page 6 may be 181ed in by the funeral director, page on, or removal.		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- Cultical		22. NAME A	ND ADDRESS OF I	FACILITY			to.,Md.21214
hours after d in by the or removal		23. PART i. Enter the disesses, or	complications that c	sused the de							Approximats
		shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (O)	on such lins.			aoj				interval Between Onset and Death
K 68 enecuta and co to buria	LION	Sequentially list conditions, if any, leading to immediate	b	R AS A CONSEO	UENCE OF):						
OS, P.O. BOX 68 to death certificate be execute the attending physician and commental Hygiene prior to buriallury, or other traumatic	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa	eDUE TO (OI	R AS A CONSEO	UENCE OF):		-				
Tes the sea	ER	resulting in death) LAST	d								
RECORDS, requires that the deal oven signed by the att. of Health and Menta shows any Injury,	EDICAL (PART ii. Other eignificant condition	s contributing to de	ath but not re	suiting In the	underlyin	g ceuse given l		e. WAS AN AUTOPSY PERFORMED?	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
law requir as been si bept. of He 23 show	Σ									1	YES 2 NO
4 9 E	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PI	LACE OF OEATH (C	Check only one)			
F VIT A SICIAN: The Coertificate The State (, or them	YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 I El	R/Outpatient 3	DOA 4 1		e 5 🗆 Residence	8 Other (S	pecify)		
OFFE	ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF IN. (Month, Day,		28b. TIME OF INJURY M		URY AT PRK? YES 2 NO	28d. DESCR	BE HOW INJURY OF	CCUREO	
DIVISION OR ATTENDING F DIRECTOR: After 1 hours after death item 28 is mar	8	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF It building, etc.	NJURY — At hon . (Specify)	ne, form, atreat, f	actory, offic	•	28t. LOCATI City or 1	ON (Street and Numbrown, State)	er of Rural Rout	e Number,
DIN OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR TO THE OR	OMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE	CIAN: To the best of my								nd manner se stated.
(No.	D I	296. SIGNATURE AND TITLE OF CENTIFE		_			29c. UCENSE NO				onth, Djay, Year)
	TO B	30. NAMEAND ADDRESS OF PERSON WH	O COMPLETEO CAUSE	OF DEATH (ITFM	27) (Type Print)		100	743	0 14	8 1.	7/92
W		Hans J. Koetter,	M.D., 760	0 Osler	Dr.	Towso	n, Md. 2	21204			1
		31. DATE FILEO (Month, Day, Year) ALLG 1 9 1992	gulia Devidson	SIGNATURE	e						

31. DATE FILEO (Morith, Day, Year)
AUG 19 1992

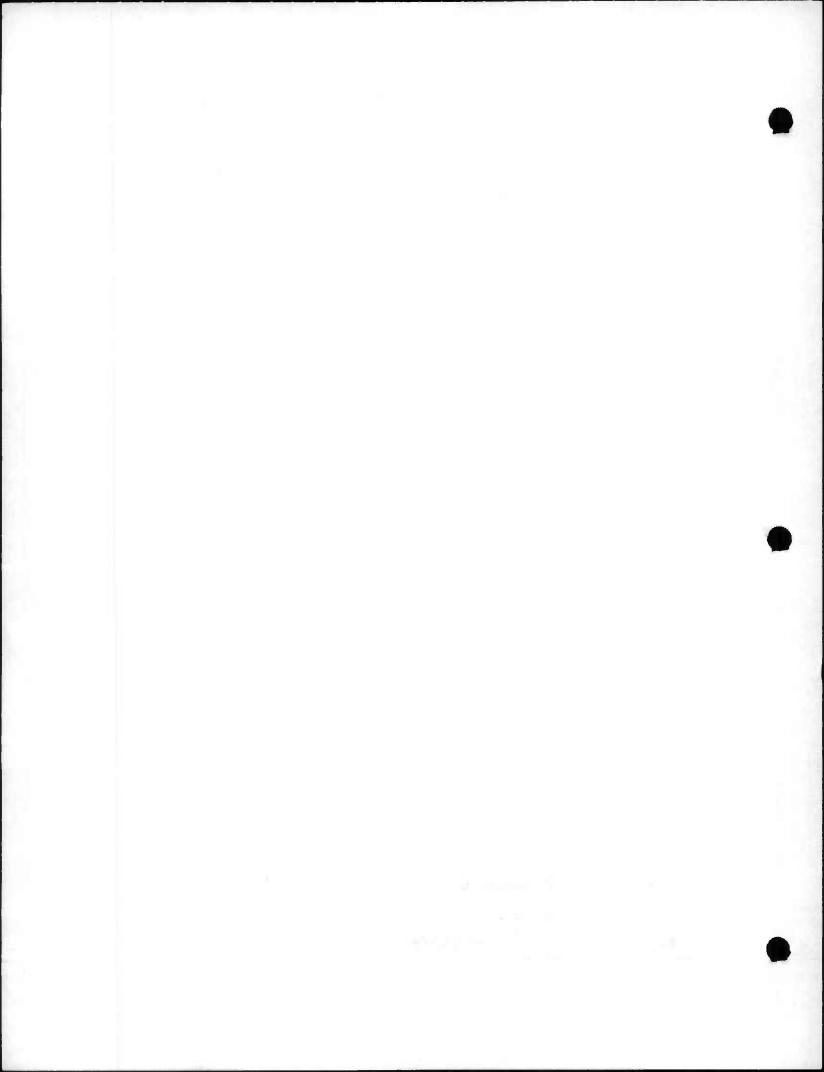


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	physician.	burial-transit permit. Pages 1, 2, 3 should		
	leath. Page 6 may be retained by the hospital or attendis	funeral director, page 5 should be detached for use as ti	xaminer must be notified at once.	
	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
. 4	TO THE HOSE THE OR ATTENDING PHYSICIAN; The law requi	TO THE FACE ALL DIRECTOR: After this certificate has been so	IMPORTANT: If item 28 is marked, or item 23 show	

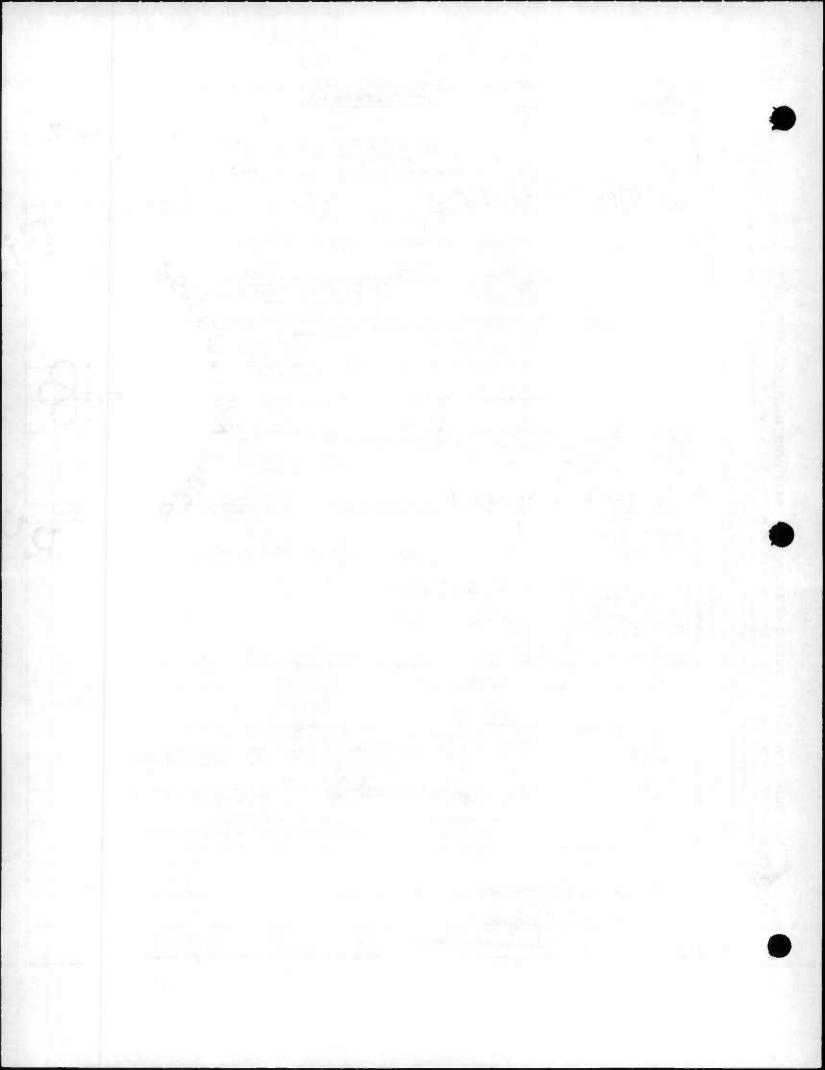
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF HI	EALTH AND I	MENTAL HYGIE	NE	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
- 5	Ma	ary ELIZABET	H]	Porter		August	15. 15	992 4:05pm M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign
	216-12-6620	1 □ M 2 □ F	78 YRS.	IONTHS DAYS	HOURS MIN.	(Month, Day, Year) 7-31-191	5	SOUTH CAROLINA
	9a. FACILITY NAME (If not institution, give a			96. CITY, TOWN OF	LOCATION OF DE			TY OF DEATH
DIRECTOR	Maryland General	l Hospital		Balt	imore Ci	Lty		
5	RESIDENCE OF DECEDENT							
ä	10a. STATE 10b. COUNTY	ı	10c. CITY,	TOWN OR LOCATION				10d, INSIDE CITY LIMITS?
۵	MD.				IMORE			1 X YES 2 NO
A	10e. STREET AND NUMBER			101,	ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
BY FUNERAL	1703 MOSHER STREE	Y		7	21217			SA.
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECE If yes, spec	NDENT OF NISPAN	IC ORIGIN? (Specify Y	es or No- t	14. RACE — American Indian, Black, White, atc.
B⊀	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES	1 TYES				Specify:
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US	RUAL OCCUPATION	1	445 YES OF S		BLACK
E	(Specify only highest grade	completed)	(Give kind of wor	rk done during most	of working	166, KIND OF B	USINESS/INDU	STRY
7	Elementary/Secondary (0-12)	College (1-4 or 8 +)	номя	EMAKER				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		потп	T. C. C. C. C. C. C. C. C. C. C. C. C. C.	16 MOTHER'S NA	ME (First, Middle, Maide	on Company	
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				io. morrier a nai	wic (river, Milodie, Maide	n sumeme)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and	d Number or Bural B	loute Number, City or To	sum State 7in C	Pordel
2	LUKE PORTER					ALTIMORE,		
	20a. METHOD OF DISPOSITION	20h	PLACEANDDATEOF					Ity or Town, State
	1 X Burlal 2 Cremation 3 Remo		etery, cremetory or othe MT . AUBUI					
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC		HI. RODO		ADDRESS OF FAC		DALITI	ORE, MD.
	1/10000	100					NERAL H	HOME, P.A.
	W You	DYIN	-	1913 W.	BALTIMOR	E ST. BALTO	. MD. 21	223; P.O. BOX 4433
	23. PART i. Enter the diseases, or o shock, or heart failure.	complications that caused List only one cause on ea	tha death. Do not ch line.	t entar the mod	e of dying, such	as cardiac or res	piratory arres	st, Approximata interval Between
	IMMEDIATE CAUSE (Final							Onset and Death
	disease or condition resulting in death)	Sepsis						
			CONSEQUENCE DF):					
N N	Sequentially list conditions,	0	a of the	thyroid				
Ā	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR AS A	CONSEQUENCE DF):					
	CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEDUENCE OF):					
Ē	that initiated events resulting in death) LAST		outorportion of y.					
CERTIFICATION		1						
AL	PART II. Other aignificant conditions	s contributing to death be	Mellitus	tha underlying	causa given in I	Part I. 24a. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS
5		Diabetes	HELLICUS			1 □ YES		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ij.							XX	OF DEATH?
-								1 110 1 10 10
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	CE DF DEATH (Che	ck only one)		
Sic	1 TES 2 X ND	HOSPITAL: 1X Inpetient 2 ER/Outpe		THER:	5 Residence	8 Other (Specify)		
È	27. MANNER OF DEATN	28e, DATE OF INJURY	28b. TIME (OF 28c. INJUR	RY AT	26d. DESCRIBE NOW	INJURY OCCU	RED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M t YE				
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	At home, term, atre	et, factory, office		281. LOCATION (Street	and Number or	Rural Route Number,
COMPLETED	4 Homicide determined	building, atc. (Specia	(4)			City or Town, State)	
۳	29a. CERTIFIER 1 X CERTIFYING PHYSIC	CIAN: To the best of my knowle	dae death commed	at the time date of	4.1			
N								cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER							
BE	O Paris			1	29c. LICENSE NUM		29d. DATE S	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH atera and		n/	a		8/15/92
	Gloria Nammour				Comercia 3	(In and 1 - 1		
				arytand	Genera	Hospital		
	AUG 1 9 1992	A2. ROOTSTRAR'S SIGNA	nace					
	1007 1005 0	/						



	the hos	detache		Once.
	Individual Walthing PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO WE WITH A RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	ay be re	page 5		be no
	age 6 m	director,		or must
	death. P.	funeral		xamine
	irs after	n by the	removal	edical e
	24 hou	y filled i	rtion, or	the m
	ed within	omplete	al, crema	event,
	e execut	an and c	to buri	umatic
	uficate b	physici	ene prior	ther tra
-	eath cer	attending	Ital Hygi	y, or 0
	at the d	by the	and Mei	ny injur
	equires the	n signed	If Health	NOWS BE
	ne law re	has bee	Dept. o	n 23 st
	CIAN: TI	ertificate	the State	or iter
	G PHYSI	er this c	th with	narked,
	TENDIN	TOR: Aft	after dea	28 is m
	LJOR AT	OUREC	Hours :	item ?
1	N. A.		Magazin	TANT: 1
	-	1000	The notice and prior after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPOR

6

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIE		O O G		
	1. DECEDENT'S NAME (First, Middle, Last)	Puleo	Phili	ip Pule	0	2. DATE OF DEATH	-	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 217-36-2565 9a. PARTY NAME (If not institution, glyg, s	1 √2 □ F 73	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar. 20,	1919	BIRTHPLACE (State or Foreign Country! Italy		
CTOR	HESIDENCE OF DECEDENT	chery Hosp.	اردو ا		timore (9c. COUNT	Y OF DEATH		
FUNERAL DIRECTOR	Maryland 10a. STREET AND NUMBER		10c. CITY, 1		timore (City		10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
ERA	3220 Orlando	Avenue		101	ZIP CODE	1234		ted States		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN (FORCES? 1 YES) IF YES, GIVE WAR OR DAT	2 Y NO	If yes, spe	ENDENT OF HISPA city Cuban, Mexic 2 NO Speci	INIC ORIGIN? (Specify an, Puerto Rican, etc.)		4. RACE — American Indian, Black, Whita, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use r	k done during mo:	N it of working	16b. KIND OF E	BUSINESS/INDU			
OM	17. FATHER'S NAME (First, Middle, Last)			DCI	18. MOTHER'S NA	AME (First, Middle, Maid	en Sumame)			
BE C		uleo					tone			
5	Maria A. Puleo				Avenue	Route Number, City or The Baltimore		21234		
	20a. METHOD OF DISPOSITION 1	tombment comet	PLACE AND DATE OF 1 lery, cremetory or other ankwood (DISPOSITION (Na Colace) Cemeter	ne of / 8/			re Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LA	Milton J	Knight Jr		and J. R			ore, Md. 21214 arford Rd.		
	IMMEDIATE CAUSE (Final	List only one cause on eac	ch line.				piratory arres	ot, Approximata Interval Between Onset and Daath		
CERTIFICATION	disease or condition resulting in death) a. HYPOXIA - RESPIRATORY ARREST DUE TO (OR AS A CONSEQUENCE OF): CARCINOMA OF LUNG DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CE	PART II. Other significant condition CEREBRAL			the underlying	cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. PL	ACE OF DEATH (C	neck only one)	, ,			
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 ☐ Inpetient 2 ☐ ER/Outpet 26s. DATE OF INJURY (Month, Day, Year)		Nursing Home	IRY AT	28d. DESCRIBE HOW	HOSPICO Y INJURY OCCU			
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — building, etc. (Specify	- Al homa, farm, stre	el, factory, office		261. LOCATION (Stree City or Town, Stell		Rural Route Number,		
COMPLETED		CIAN: To the best of my knowled R: On the basis of examination a								
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WHI	impheel h	H (ITEM 27) (NOS PO	rint)	29c. LICENSE NU	MBER PG/	29d. DATE S	HIGNED (Month, Day, Year)		
	EDWARD W. 31. DATE FILED (Month, Day, Year)	CAMPBELL	TR.	MD	22 8.	9REEUE	57	BALT. MD 2120		
	AUG 1 9 1992 8	132. REGISTRAR'S SIGNAT	dell							



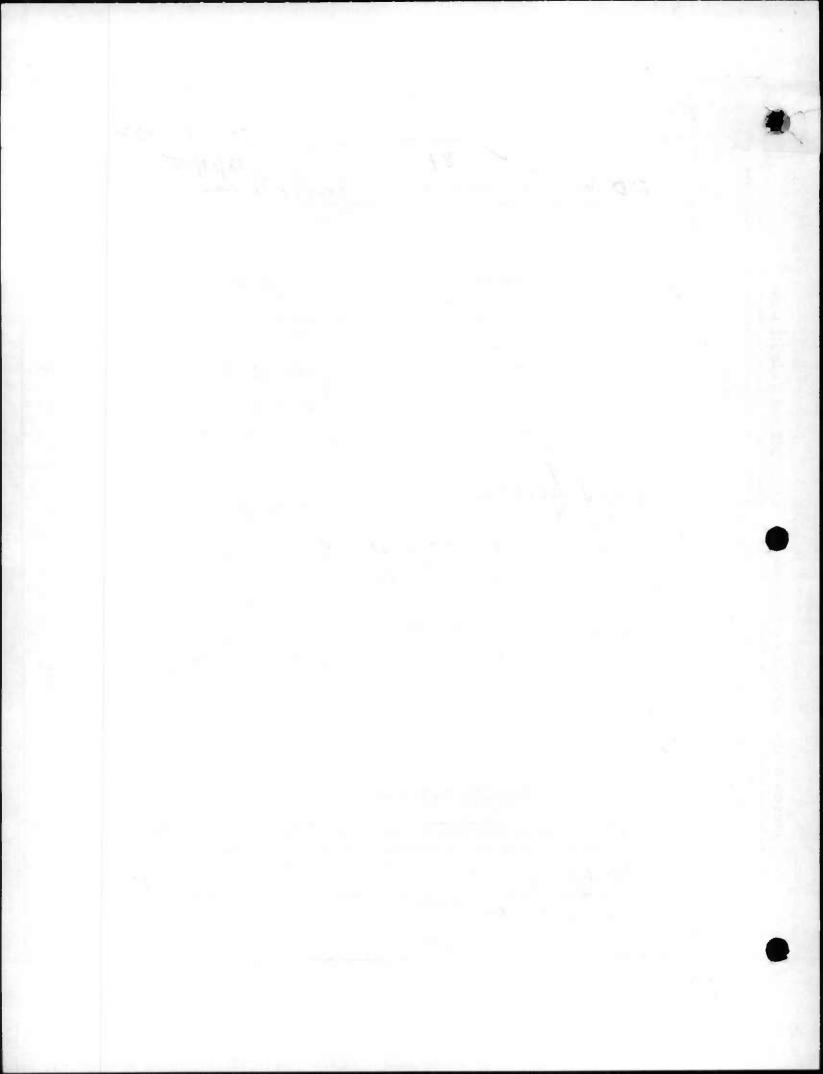
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

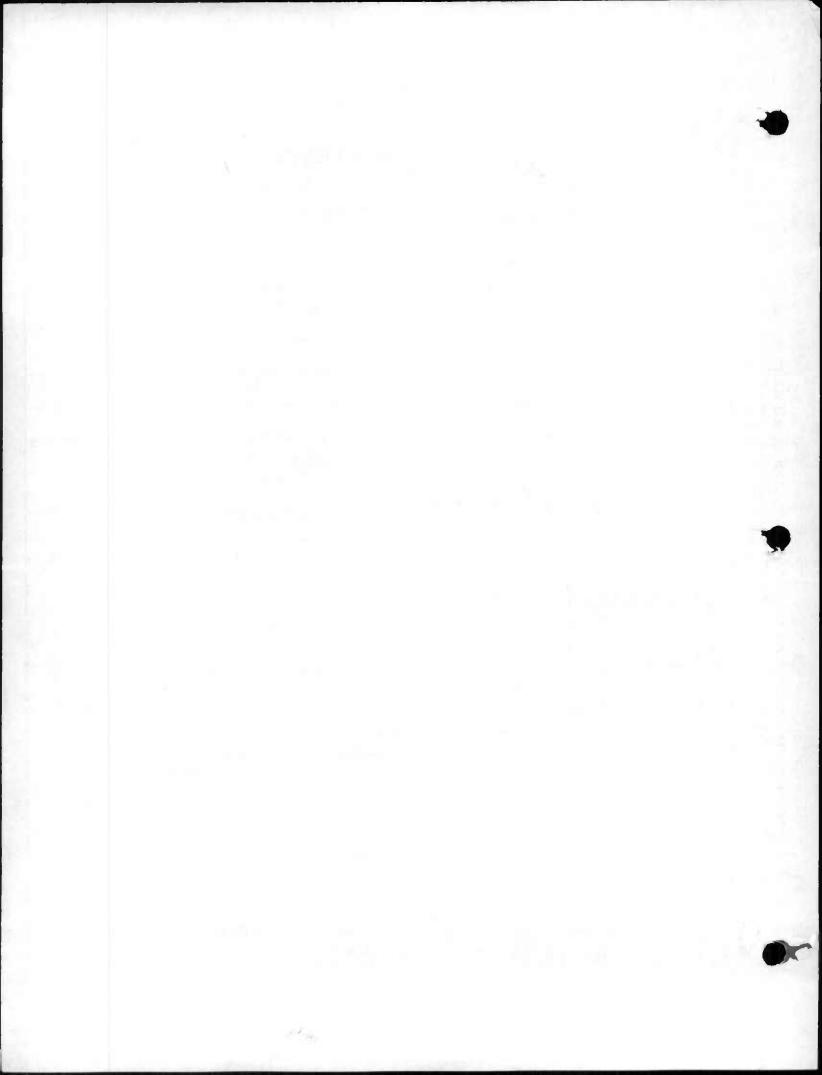
	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIE				
	1. DECEDFNT'S NAME (First, Middle, Last)	Edythe Mae	Rankine		2. DATE OF DEATH MONTH	78 19	3. TIME OF DEATH		
	4. SOCIAL SECURITY WIMBER 214-03-6688	5. SEX 6. AGE		F UNDER 1 YEAR IF UNDER 24 HRS INTHE DAYS HOURS MIN.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country)		
æ	9a. FACILITY NAME (If not institution, give	street and number)	1770 - 19	b. CITY, TOWN OR LOCATION OF	DEATH		Nashington, D.C.		
CTO	RESIDENCE OF DECEDENT				ise saily				
DIRECTOR	Md. 10b. COUNT	TY .		timore			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
JNE	3029 Hamilton Avenue	12. WAS DECEDENT EVER I	NIIS ADMED	21214	MANIC ORIGINA (9 1/4)		SA		
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, specify Cuben, Max 1 YES 2 NO Spe	ican, Puarlo Rican, etc.)		1. RACE — American Indian, Black, White, etc.		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S US	done during most of working	166. KIND OF B	USINESS/INDUS	TRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Sales	stired.)	Lovince	n 0 1/1 a	1-		
OM	17. FATNER'S NAME (First, Middle, Last)		30163	16. MOTHER'S	NAME (First, Middle, Maide	n & Klei	<u>,n</u>		
BE (Frederick Hazen Rank	kine Sr.			an Steinbe				
5	19a: INFORMANT'S NAME (Type/Print) Helen Frey			DORESS (Street and Number or Run			ode)		
	20a. METHOD OF DISPOSITION	200	PLACE AND DATE OF	ucknell Road Bal			y or Town. State		
	1 N Buriel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)		Baltimore	August 21, 199	2 Bal	timore,	y or Town, State Md.		
	21. SIGNATURE OF FUNERAL SERVICE L	Iliday		Leonard J. Ruck	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rford Ro	oad 21214		
CERTIFICATION	shock, or heart failure. List only Dna cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	resulting in death) LAST	d							
N: MEDICAL	PART II. Other algnificant condition	na contributing to deeth b	out not resulting in 1	he underlying ceuse given	in Part I. 24a. WAS A PERFC	N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Check only one)				
14S	1 VES 2 NO 27. MANNER OF DEATH	1/2 Inpatient 2 - ER/Outs		☐ Nursing Nome 5 ☐ Residenc					
BY PI	1 Natural 5 Pending	(Month, Day, Year)	INJUR	F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NOW	INJURY OCCUP	RED		
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, stc. (Spec	— At home, ferm, stre	et, factory, office	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,		
COMPLETED				it the time, data and place, and d					
BE	29b. SIGNATURE AND WILE OF CENTIFIE	n .	D.	29c. LICENSE N			SIGNED (Month, Day, Year)		
70	30. NAME AND ADDRESS OF PERSON WI	M. Boull	ATN (ITEM 27) (Type, Pri	nt)			- / / /		
	31. DATE FILED (Month, pay, Year) AUG 1 9 1992	32. REGISTRAS'S SIGN							



	FOR STATE REGISTRAR 1. DECEDENT'S NAME (Elist, Middle, Lent)	STATE OF M	ARYLAND /	DEPAR	ICATE (F HEALTH	AND	MENTAL HYG		nd Em	22886
	Thomas	M. K	eame	~				HILE	DAY 14	77 Z	3. TIME OF DEATH Z'65 P.
	4. SOCIAL SECURITY NUMBER 218-18-1840	10XM2 F	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER 1 YE MONTHS DA		R 24 HRS.	7. DATE OF BIRTH			HPLACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give s GREENBELT NURSIN	IG CENTER	₹		96. GREE	NBELT	ION OF D				PEAGEORGES
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARYLAND PRIM	Y ICE GEORGE	ES		Y, TOWN OR LO REENBEL						10d, INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	9308 EDMONSON RI)., APT. 2	203			10f. ZIP COO 207	770		10g. cr US	TIZEN OF	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES			DECENDENT (specify Cubi	ın, Maxica	NIC ORIGIN? (Specific, Puerto Rican, etc.)	y Yes or No-		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(Gh	Do NOT us	ENT'S USUAL OCCUPATION Ind of work done during most of working NOT use retired.) LOYEE SCRAP METAL					DUSTRY		
BE CON	17. FATNER'S NAME (First, Middle, Last) JOSEPH REAMER 18. MOTNER'S NAME (First, Middle, Maiden, Surpare) JENNIE BERMAN										
TO B	19a. INFORMANT'S NAME (Type/Print) MR. MARVIN REAMER	2					Route Number, City of)770	
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 1 Donation 5 Other (Specify) 1 SIGNATURE OF FUNERAL SERVICE UK		20b. PLACEA	NDDATE	OF DISPOSITION ther place! OM MEM	Name of PARE	(8/	0ATE 204 16/92 F	LOCATION -	City or To	Own State
	22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MI 23. BARTY, Enter the discesser or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,										4D 21215
	21. BARTM, only the decese, or one of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the se	a	mil sech line.	w	hot enter the	mode of dy	ing, suc	h se cerdlec or r	espiratory e	rrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEQUENCE OF): OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. Chromic Schoollowering Problems 1 Uses 2 40. Was an autropsy Performed? 1 Ves 2 40. Was an autropsy Performed?									WERE AUTOPSY FINDINGS AWARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 [DOA	OTHER!	PLACE OF D		ack only one) 8 Other (Specify)			
BY	27. MANNER OF OEATH 1 Natural 5 Pending investigation 2 Accident investigation 3 Suicida 6 Could not be determined	28a. DATE OF II (Month, Day 26a. PLACE OF building, et	(Year)	28b. TIM INJ	E OF 28c. URY 1	INJURY AT WORK?		26d. DESCRIBE NO 26t. LOCATION (Str. City or Town, S	reet and Numbe		Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE: 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of m	ry knowledge, deat	th occurre	d at the time, o	ista and placa,	, and dua	to the cause(a) and	manner as sta	sted. he cause(s	e) and manner as stated.

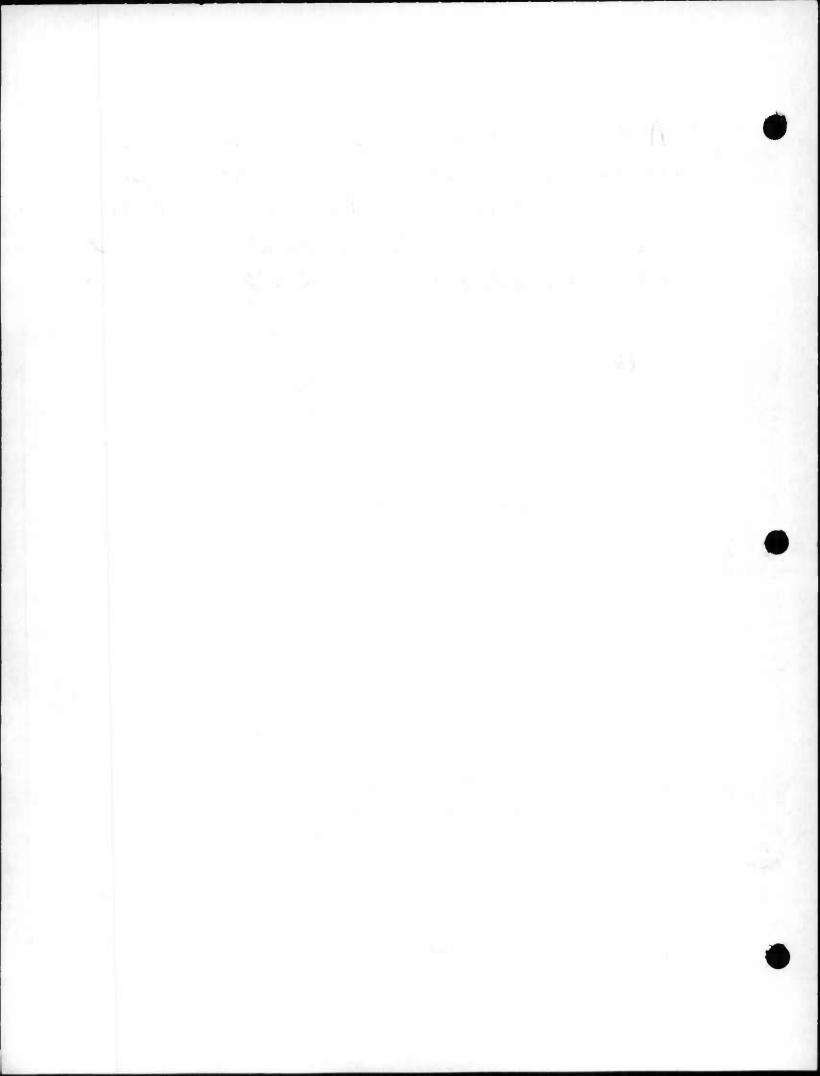
32. REGISTRAR'S SIGNATURE
1992 Julia Davidan





BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 2, 3 should	noval.	d, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
.O. BOX 68760,	certificate be executed within 24 nour	nding physician and completely filled is	Hygiene prior to burial, cremation, or	or other traumatic event, the me	
V OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death	r this certificate has been signed by the atter	In with the State Dept. of Health and Mental	arked, or Item 23 shows any Injury, o	
PHISION	TO THE CONTRACTOR ATTENDING	TO THE PARTY CONFINENCE: After	be filed with 72 mars are death	IMPORTANT: If Item 28 is ma	

	1 - STATE OF MARYLAN	D / DEPARTMENT O		MENTAL HYGIE		22001
	1. OECEPENT'S NAME (First, Middle, Last) ACTOUC Stinso	n 5r.		2. DATE OF DEATH	76 95	3. TIME OF DEATH
	212-20-5967A XM20F 6	YRS. IS UNDER 1 YE MONTHS DA	AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	11 6	IRTHPLACE (State or Foreign ountry)
TOR	90. FACILITY NAME (If not institution, give street and number) Stella Maris Hospid RESIDENCE OF DECEDENT	e ob. city, to	WY OR LOCATION OF DE	ATH	9c. COUNTY O	HMORE
DIRECTOR	10a. STATE 10b. COUNTY	BALT	OCATION MOR	28		10d. INSIDE CITY LIMITS? 1 TYES 2 NO
FUNERAL	600 Richwood Av	enue	101. ZIP CODE 2/2/	12	10g. CITIZEN	OF WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 M yes 2 IF YES, GIVE WAR OR DATE:	! □NO II ye	DECENDENT OF HISPAN s, specify, Cuban, Maxice YES 2 NO Specify	n, Puerto Ricen, atc.)	ee or No— 14, F	Black, White, etc.
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	a. DECEDENT'S USUAL OCCUI (Give kind of work done durin life. Do NOT use retired.)	g most of working	16b. KIND OF BU	USINESS/INDUSTR	
MP	12th 01	ffice Machi		1		
BE CC	Arthur Stinson		Jannie	ME (First, Middle, Maide Wilks	n Surneme)	
0 B	190. INFORMANT'S NAME (Type/Print) Lougenia Stinson	19b. MAILING ADDRESS (St	eet and Number or Rural F	loute Number, City or To		
	20a. METHOD OF DISPOSITION	600 RICHWO			E, MD	21212
	4 Donation 5 Other (Specify)		Cemetery	1		ille, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		E AND ADDRESS OF FAC)1 F N	NORTH AVE.
	23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CO	line.	mode of dying, such	as cerdiec or resp	piratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events					
	resulting in death) LAST					
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but r	not resulting in the under	ying causa given in i	Part I. 24a. WAS AF PERFO	RMED?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL	20	3. PLACE OF DEATH (Che	ck only one)		
YSIC	EXAMINER? 1 YES 2 400 HOSPITAL: 1 Inputient 2 ER/Outpatien	OTHER:	Home 5 - Residence			
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	INJURY M 1	INJURY AT WORK? YES 2 NO	28d. OESCRIBE HOW	INJURY OCCURED	
TED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — A building, stc. (Specify)	At Home, ferm, atreet, factory, o	office	281. LOCATION (Street City or Town, Stelle	end Number or Rui)	ral Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge one)	e death occurred at the time,	date end place, end due t	to the cause(e) end ma	nner as stated.	te(s) and manner as stated
BE C	296. SIGNATURE AND TITLE OF CERTIFIER		29c LIGENSE NUM			IED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	1/194		8-	16-92
	AUG 1 9 1992 July Bendoon-Honor	ie.				
13	2+/					DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VI	TO THE HOSPITAL OR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the S	IMPORTANT: It Item 28 is marked, or it

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AT CERTIFICATE OF DEATH	ND MENTAL HYGIENE REG. NO.	92 22688
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	3. TIME OF DEATH
	Sara Sokolova	MONTH DAY	92 2051 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24	HRS. 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	213-92-4803 1 0 M 2 XF X YRS. MONTHS DAYS HOURS N	WHI. (Month, Pay, Year)	3 Country USSR
OR	BALTIMORE COUNTY GENERAL HOSPITAL BANDALLSTON	OF DEATH	SALTIMORE
ដ្ឋ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR EOCATION		
L DIRECTOR	MD BALTIMORE BALTIMORE	10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	1340 Sudvale Rd ain	08	og. CITIZEN OF WHAT COUNTRY?
B⊀		dispanic Origin? (Specify Yes or Mexican, Puerto Rican, etc.) Specify:	No— 14. RACE — American Indian, Black, Whita, etc. Specify: HITE
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINE	ESS/INDUSTRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) MANICURIST	COSMETOLO	/
ш	17. FATHER'S NAME (First, Middle, List) VLADAMIR SOKOLOVA 18. MOTHER	NAME (First, Middle, Maiden Sun	(TNKNOWN)
TO B	19a. INFORMANT'S NAME (Type/Print) MRS. IRENE CHYORNY 19b. MAILING ADDRESS (Street and Number or 1340 SUDVALE RD.		
	20b. PLACE AND DATE OF DISPOSITION 1 Deprey of the place of complexy, cramatory of other place of complexy, cramatory of other place of complexy.	DATE 20c. LOCAT	ION — City or Town, State
	4 Donation 5 Other (Specify) cemelery cramelory occupies place)		ALTIMORE, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ON & BROS., INC	7
- 1	Andrey / telluar 6010 REISTE		LTO., MD 21215
CERTIFICATION	shock, or heart failure. List pnly one cause pn each line. IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST List pnly one cause pn each line. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	esperating	failu
I C	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause give	en in Part i. 24a, WAS AN AUT	
PHYSICIAN: MEDICAL	The district of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	PERFORMEI	D? AVAILABLE PRIOR TO
NA.	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEAT	H (Check only one)	
SIC	EXAMINER? 1 YES 2 NO 1 Inpetient 2 FER/Outpetient 3 DOA 4 Nursing Home 5 Reside	ence 6 C Other (Specify)	
Ť	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	28d. DESCRIBE HOW INJU	RY OCCURED
BY F	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 N	0	
	3 Suicide a Could not be detarmined a Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)	281. LOCATION (Street and I City or Town, State)	Number or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and placa, and one)		
TO BE	Victoria trulely, MD D31	Y 8 7 8	Ad. DATE SIGNED (Monty). Day, Your)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TIER 27) (ADD. PRINT)	Baltrin	o, lu Daisis
	31. DATE FILED (Month), Day, inc. 32. REGISTRAR'S SIGNATURE	4	

DHMH-18 Rev 1/89

death with the State Dept. of Heath and Mental Hyglene prior to burlat, cremation, or removal. s marked, or Hem 23 shows any Injury, or other traumatic event. The medical examiner must be notifi		oulf
ath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. Transfed or Hem 23 shows any injury, or other traumatic event, the medical examiner must b		96
ath with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. Tracked or Hem 23 shows any Inlury, or other traumatic event. The medical examiner is		must 1
ath with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or remove marked or Hen. 23 shows any Injury, or other traumatic event, the medical	in in	examiner
ath with the State Dept. of Health and Mental Hygiene prior to build, cremation, or marked or Item 23 shows any injury, or other traumatic event. The m	петном	edical
ath with the State Dept. of Health and Mental Hyglene prior to burial, cremation marked or them 23 shows any injury, or other traumatic event, the	8	E
ath with the State Dept. of Health and Mental Hygiene prior to burial, crem- marked or item 23 shows any injury, or other traumatic event.	attou	the
ath with the State Dept, of Health and Montal Hyglene prior to burna marked or Item 23 shows any Injury, or other traumatic	, crem	event
ath with the State Dept, of Health and Mental Hyglene prior to	Dunal	natic
ath with the State Dept. of Health and Mental Hyglene parted or Item 23 shows any injury, or other	prior to	traun
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9 2	death	8 m 26

BRIXNOD

I. DECEDENT S N		Middle, Last)			ERTIF			2. DATE OF DEATH DO	NY	YEAR	3. TIME OF DEATH 2	
		HAR				LWAF	UR	8-14	1 -	92	/	
4. SOCIAL SECUR			5. SEX	6. AGE (In yrs. Ia:	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	AUG. 4, 19	916	B. BIRT	NPLACE (State or Freedom *	
90. FACILITY NAME BALTIM	NE (II not in NORE	coun'	street and number) TY GENERA	AL HOSP.			NDALLSTO		9c. COL		OF DEATH BALTIMORE	
RESIDENCE	OF DEC	10b. COUNT	Υ		10c, CIT	Y, TOWN OR LOCAT	TION				10d, INSIDE CITY	
MARYLA	AND					BALTIM	ORE				LIMITS?	
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32. REGISTRAR'S SIGNATURE
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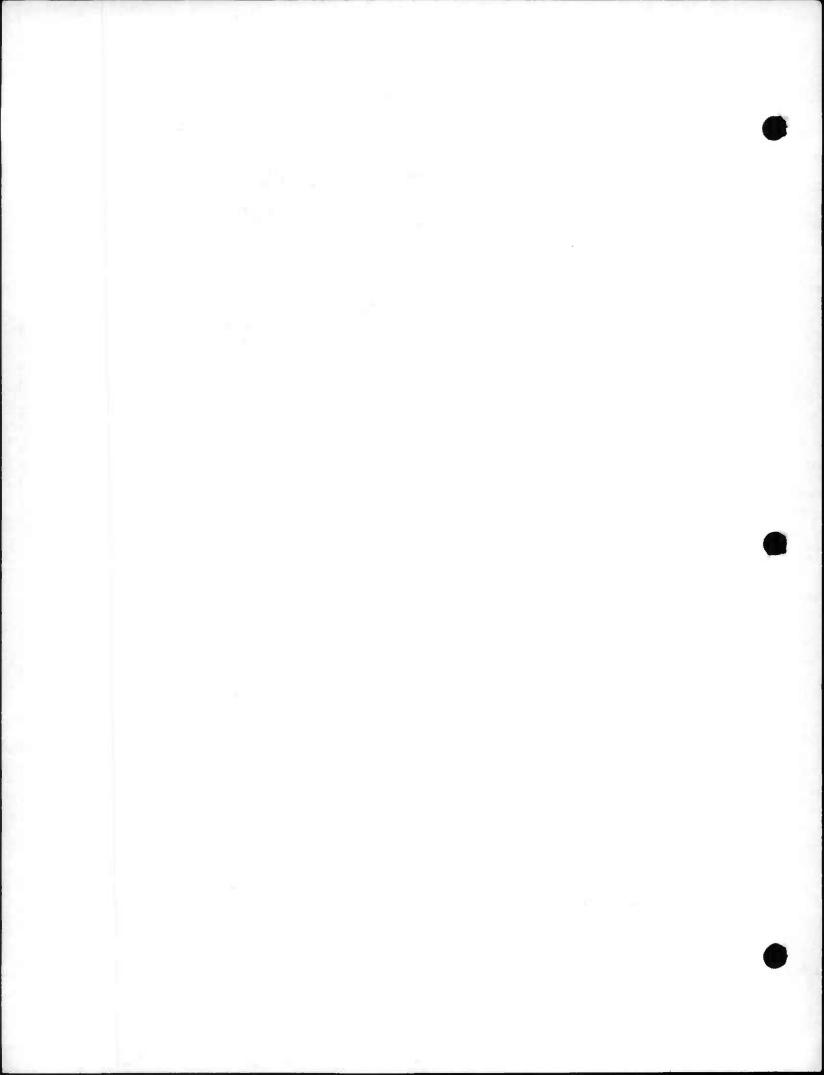
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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH S VEAR Leida SIIMSEN 192 :03 16 4. SOCIAL SECURITY NUMBER 215-30-3287 5. SEX B. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Fornige 1 M 2 X F 85 Estonia 5-16-1907 use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Rossville Baltimore County RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Baltimore Maryland 1 - YES 2 1 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21237 1611 Rosedale Heights Ave. U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 N NO Specify: 14. RACE --- American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Bindery Dept. Elementary/Secondary (0-12) College (1-4 or 5+) Enoch Pratt Library 4 Yrs. Supervisor once. 17. FATHER'S NAME (First Middle Leet) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Johann To BE Martha Ess notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 5 Siimsen Eduard 1611 Rosedale Heights Ave. Baltimore, Md. 21237 9 20e, METHOD OF DISPOSITION
1 (A Burlal 2 Cremation 3 C Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must Moreland Cemetery

Moreland Cemetery 4 Donation 5 Other (Specify) 8-21-92 Balto., Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 attending physician and completely filled in by the order hygiene prior to burial, cremation, or removal. event, the medical Approximate interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) executed within certificate has been signed by the attending physician and corn to the State Dept. of Health and Mental Hygiene prior to burial, to leem 23 shows any injury, or other traumatic en CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING law requires that the death certificate be CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 THO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 -10 PHYSICIAN: 1 | Inpetient 2 | ER/Outpetient 3 DOOA ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c. ls marked, 1 Natural 1 YES 2 NO BY After death OR ATTENDING 2 Accident 28e. PLACE DF INJURY — At home, farm, street, lactory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after d item 28 is 6 Could not be COMPLETED 4 Homicide 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. occured at the time, date and place, and due 296. SIGNATURE AND PTICE OF BE 9 CAUSE OF DEATH (ITEM 27) (Type, Print) Meredith Smith, M.D., 1900 E. Northern Pkwy., Balto., 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 9 1992 w Davidson Handale



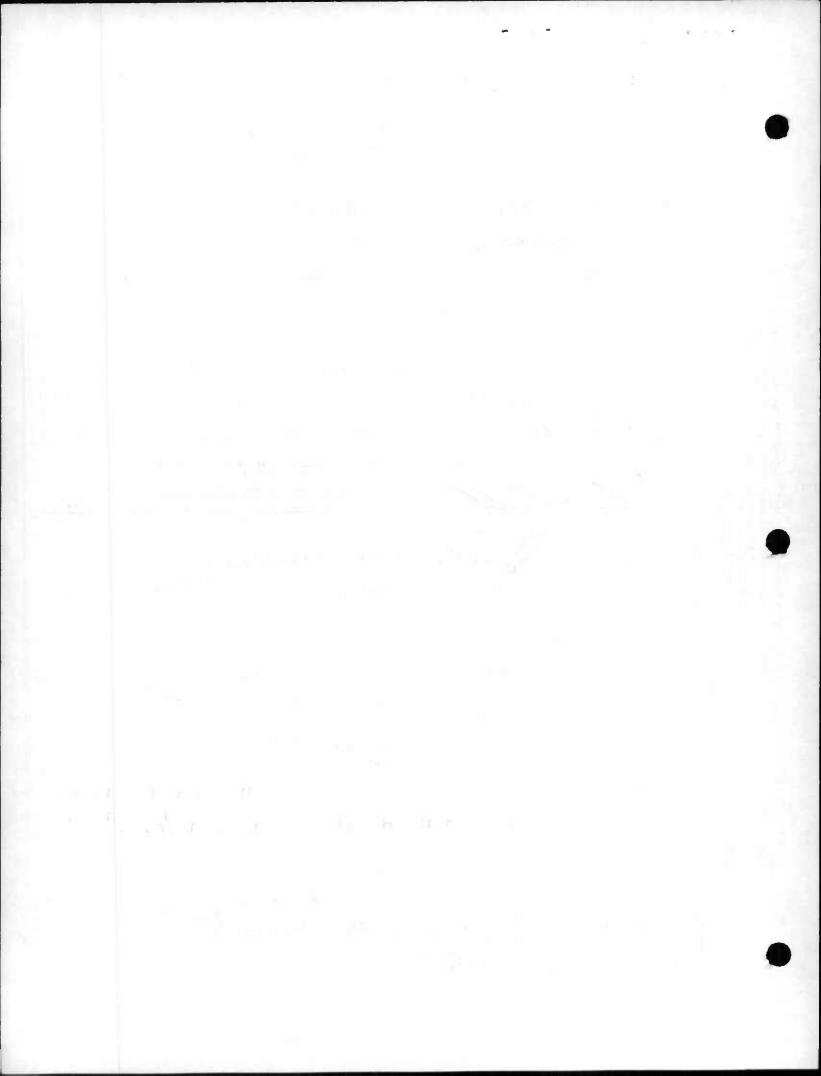
use as the burial-transit permit. Pages 1, 2, 3 should ours after death. Page 6 may be retained by the hospital or attending physician. I in by the funeral director, page 5 should be detached for use as the burial-tran pe examiner ysician and completely filled in by the prior to burial, cremation, or removal, the medical event. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic signed by the attending physician Health and Mental Hygiene prior to or other shows any has been s Dept. of H n 23 shov this certificate h item 50 28 is, marked, Iffer death

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Items: 28a,b,c,d,e,f per MEO G-690 8/21/92 reb FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) Marie Margaret Fobin 2. DAYE OF DEATH 1ARIE ARGARET 1. social security number 186-09-34: 5. SEX & AGE In yrs. IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F 18990 95 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH BALTO LA DIRECTOR 10W50N RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Towson 1 TES 2 NO FUNERAL 10e, STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Dulaney Valley Road 21204 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Unknown Practical Nurse Nursing once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) B Catherine Brown To bin Jerry Tobin Ħ JERRY Atherine BE notified 194. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Stella Maris Hospice Dulaney Valley Road Towson, Maryland 21204 20s. METHOD OF DISPOSITION

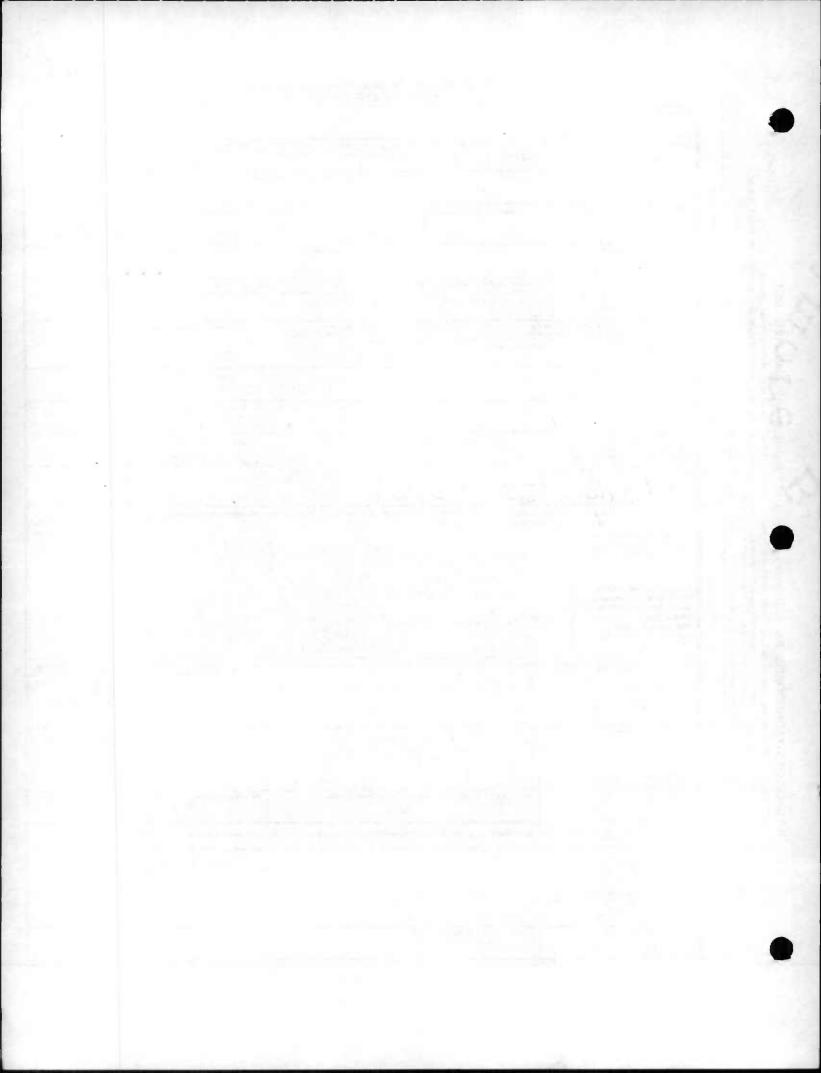
1 Sourist 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must OATE New Cathedral Cemetery 8/18/92 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Ruck Towson Funeral Home 1050 York Road, Towson Maryland .21204 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disesse or condition Yeard & Ne raumas resulting in death) DUE TO (OR AS A COM dam STACK in wheelellary CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not reculting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TES 2 AND 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 | Inpatiant 2 | ER/Outpatient 3 | DOA 4 Mursing Home 5 - Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 8/15/92 10:30 BY 1 YES 2 NO 2 Ccident
3 Suicide fell down stairs in wheel chair 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) Dulaney valley Rd. 8 Could not be COMPLETED 4 🔲 Homicide Reisdence [Stella maris Hospice] 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investig 296. SIGNATURE AND TITLE OF CERTIFIER BE 2 PERSON WHO COMPLETED CAUSE 110 31. DATE FILED (Month, Day, Year) 32/9 1 9 1992



THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	nediathan		CER	LIFICAL	E OF	DEALL		REG. NO			
	1. DECEDENT'S NAME (First, Middle, L	ast)					2.	DATE OF DEATH	AY	YEAR 3	. TIME OF DEATH
		LISLE V. WA	AYLAND					08 15			:10 P. , M
	4. SOCIAL SECURITY NUMBER		3. AGE (in yrs. lest birt		R 1 YEAR	IF UNDER 24 H		DATE OF BIRTH		8. BIRTHPL Country)	ACE (State or Foreign
	212-01-5206	A.C	85 > Y	TRS. MONTHS	DAYS	HOURS M	IIN.	05/14/19	07-	Vir	ginia
- 17	Se FACILITY NAME (If not institution,	4		9b. CIT	Y. TOWN	OR LOCATION	OF DEATH		9c. COUN	NTY OF DEA	тн
DIRECTOR	HARBOR HOSPITA			, B	ALTI	MORE	r	0	- 6	usi:	MACRO COLOR
ភ្ជ	RESIDENCE OF DECEDEN 10e, STATE 10b, CO			c. CITY, TOWN	001000	TION					
<u>E</u>	MARYLAND			BALTIM		IIION					Od. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER			DALLIN		1. ZIP CODE	_		the Citi		YES 2 NO
2	4110 - 6TH STR	RET			, and a	21225					AI COUNTRY?
FUNERAL	11. MARITAL STATUS		EVER IN U.S. ARMED	13	WAS DE		ISPANIC O	RIGIN? (Specify Yes	U.S		American Indian
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WAI	YES 2 NO		If yes, s	pecify Cuban, M 3 2 NO S	lexican, Pu	rerto Rican, etc.)		Black, N Specify:	- American Indian, White, etc. WHITE
3	15. DECEDENT'S		16a. DECED	ENT'S USUAL	OCCUPATI	ON		16b, KIND OF BU	SINESS/IND	USTRY	
4	(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give ki	ind of work done NOT use retired.	during m	ost of working					
Ę			WA	REHOUS	E MA	NAGER		MARYLA	ND CU	P	
COMPLETED	17. FATHER'S NAME (First, Middle, Last	•				18. MOTHER	'S NAME (First, Middle, Meiden	Surneme)		
RE	BENJAMIN WAYLAN	מא				HATT	IE K	IRBY			
2	19a. INFORMANT'S NAME (Type/Print)	WI AND						Number, City or Tow			
	FREDERICK W. WA	ATLAND	211	2 DRUM	MOND	ROAD,	BAL	TIMORE,	MARYL	AND 2	1228
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3	Removal from State	20b. PLACE AND I	DATE OF DISPO	SITION (N	ame of		DATE 20c. LO	CATION —	City or Town	, State
	4 Donation 8 Other (Specify)	END END END END END END END END END END	LORRAIN	É PARK	CEM	ETERY	8/19	9/92 Ba	ltimo	re, M	id.
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		S S	TERT.	TNG ASI	F FACILIT	FUNERAL	HOME	TNC	
	- Philless	Mails	M005					E. CATO			
CEMILICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	PR AS A CONSEQUENT	ICE OF):	art	Fa	lev	e .	,		
3		d									1
	PART II. Other aignificant cond							i. 24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS
FUICAL	Chronic		ictino	Pul	mo	nare	1-	1 TYES 2		0	OMPLETION OF CAUSE F DEATH?
	diseas	2									TYES 2 NO
ż											
5	25. WAS CASE REFERRED TO MEDICA EXAMINER?	MOSPITAL:		T		LACE OF DEAT	H (Check o	nly one)			
2	1 TYES 278 NO	1 Inpatient 2 □ E	R/Outpetient 3 🗆 D	OTHE		ne 5 🗆 Reside	nce 8 🗆	Other (Specify)			
BY PHISICIAN: M	27. MANNER OF DEATH Vertural 5 Pending	28e. DATE OF IN (Month, Day,	IJURY Year) NA	b. TIME OF INJURY M	W	JURY AT ORK? YES 2 1 NO	1100	I. DEŞCRIBE HOW I	NJURY OCC	URED	
	3 Suicide 8 Could not determine	building, et	INJURY — At home, t c. (Specify)	farm, street, fa	ctory, oftic	•	281	City or Town, State)		or Rural Rou	te Number,
7	29a. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the best of m	y knowledge death o	occurrent at the	time det	and place co-	d due to th	on councile) and con-	may as what	4	
COMPLEIED		MINER: On the basis of exam									nd manner es stated.
	296. SIGNATURE AND TITLE OF CERT	Waring	, MD.			29c. LICENSE	ENUMBER				onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM 27)		IAND	ver 5	т.	BALT			
	31. DATE FILED (Month, Day, Year)				2110			127.01			
	AUG 1 9 1992	graine Davido	s sight turbe								

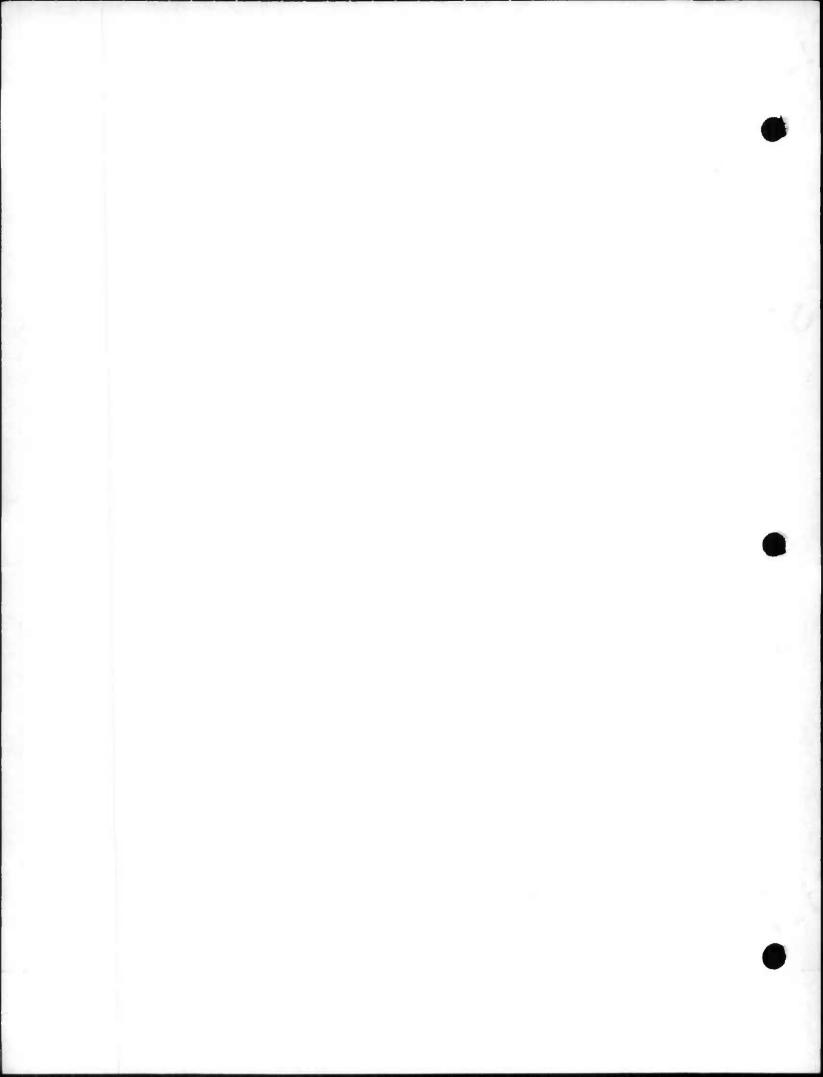


FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE (JF DEAL	H	REG. NO),		
	9	1. DECEDENT'S NAME (First, Middle, Last) Teres		aret	WAI	RNICK	1			92 9:	TIME OF DEATH
9		4. SOCIAL SECURITY NUMBER 220-52-6893	5. SEX 6. AGE	(In yrs. last birthday)	MONTHS DA	AR IF UNDER	24 HRS.	Apr 11 6,	1912	BIRTHPLA	CE (State or Foreign
2, 3 should	PO	86. FACILITY NAME (If not institution, give at 1651 E.BELVEDERE	· ·	8		MORE C		гн	9c. COUNT	Y OF DEATH	1
55 		10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
permit. Pages 1.	L DIRECTOR	Md.			ltimor	е				10	X YES 2 NO
	FUNERAL	1651 E. Belvedere				101. ZIP CODE 212			USA	EN OF WHAT	COUNTRY?
215-0020 attending physician. Ise as the burlal-trar	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yo		n, Mexican,	ORIGIN? (Specify Ye Puerto Rican, etc.)	s or No—	A. RACE — / Black, WY Specify; WITT (
21 10 L	PLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during the retired.) emaker	PATION g most of workin	ng	16b. KIND OF BU	ISINESS/INDU	STRY	
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Callistus Leo Hick	cey				HER'S NAME	e (First, Middle, Maide Weber	1 Surname)		
be retained by ge 5 should be notified at	TO B	19s. INFORMANT'S NAME (Type/Print) Carol Kaufman						nie Number, City or To Monium, M			
FORE, e 6 may be rector, page must be		20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State 20t	PLACE AND DATE			/20/92		timore		
BALTIMORE, after death. Page 6 may by the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE/LICENSEE 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck Inc. 5305 Harford Road 212									Road 21214
4 hours af filled in by nn, or remo		IMMEDIATE CAUSE (Final	List only one ceuse on e	each iine.					piratory arre	at,	Approximate interval Between Onset and Death
760, ad within ompletel II. crema event,		resulting in death)	B. PULLIOND DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE O	PFI:	Dasmi	3000	7			
	ATION		DUE TO (OR AS A			HILL	P1130	1462			
certific ding p Hygiene	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE O							
E 5 5 5	DICAL CE	PART II. Other significant condition	s contributing to death i	but not resulting	in the under	lying cause	given in P	art i. 24a. WAS A	N AUTOPSY PRMED?	AMA	RE AUTOPSY FINDINGS AILABLE PRIOR TO
111 3	ME							_ 10/es	2 🗌 NO	OF	MPLETION OF CAUSE DEATH? PES 2 NO
13 ep 18	A	25. WAS CASE REFERRED TO MEDICAL									
VIT. AN: Th tificate e State or Item	PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER:	Home 5 Re		Conty one)			
○ 동 등 등	ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TII	JURY	WORK?		28d. DEŞCRIBE HOW	INJURY OCCI	JAED	
Solicition (Street and Number City or Your, State)								end Number o	r Rurel Route	Number,	
	COMPLE	one)	ICIAN: To the best of my know								d manner ee stated.
MPORTANT: IF	BE	29b. SANATURE AND TITLE OF CERTIFIES	Your				ENSE NUMB			SIGNEO (Mo	onth, Day, Year) 992
A 1 2 2	10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OR	EATH (ITEM 27) (Type		nn: 0==	\n	22.5			21201
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE CONTRACTOR	111 P	SINIV STE	KEET,	BALTIMORE	MARY	AND	41201

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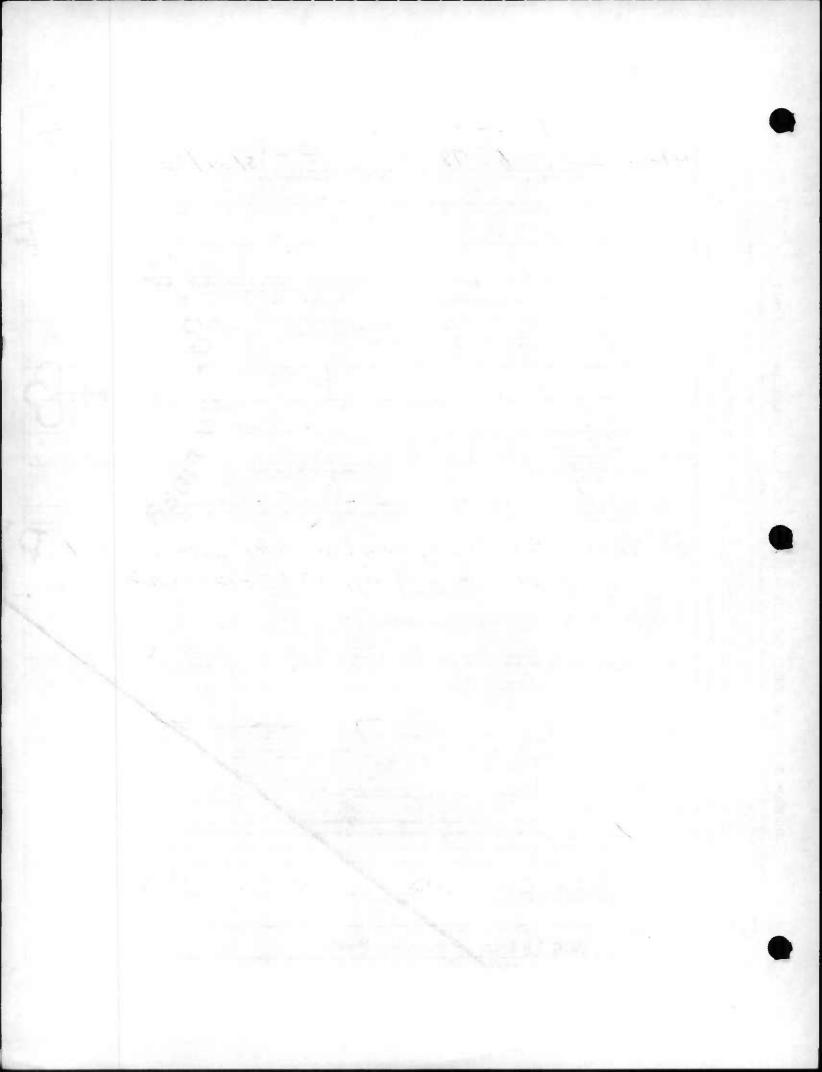
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6	tyt. of Health and Mental Hygiene prior to burial, cremation, or removal.	3 shows any injury or other traumatic event the medical avaminar must be notified at once
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FUNERAL DIRECTOR: After within 72 hours after death

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ZWEBAC 3.564 4. SOCIAL SECURITY NUMBER 7027 7. DATE OF BIRTH (Month, Day, Year 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 149-38-7072 POLAND Se. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1 nai fimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO 100 CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21209 6506 SANZO RD. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 TYES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life, Do NOT use retired.)
HOUSEWIFE Elementary/Secondary (0-12) College (1-4 or 5+) AT HOME 17. FATHER'S NAME (First, Middle, Lest)

BARUCH OLENDER 18. MOTHER'S NAME (First, Middle, Melden Surgame)
TOBA
ALABASTER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 HARRY ZWEBACK BALTIMORE, MD 21209 6506 SANZO RD. 20scMETHOD OF DISPOSITION
1 ☐ Burlal 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State tory or other place)
TFILOH 4 Donation 6 Other (Specify) 8/14/92 BALTIMORE, MD 21. SKINATUBE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. 21215 BALTO., MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, /shock/ or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition pue to 1917 As a consequence on: resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: this certificate has with the State Dep irked, or item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 - Nursing Home 5 - Rasidence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 284. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is 6 Could not be COMPLETED 4 Homicide ltem ; CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end menner as stated. TO THE HOSPITAL TO THE FUNERAL C be filed within 72 h MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE SACZ 702 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE



YEAR 92 MELSIE GRAVENOR ASPLEN 08 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 217-04-7023 3-5-1907 85 DAYS 1 □ M 2 🂢 F Maryland permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE UNION MEMORIAL HOSPITAL BALTIMORE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Dorchester Church Creek 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1839 White Haven Blvd. 21622 USA use as the burial-transit by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. **MARYLAND 21215-0020** If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married BY Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) detached for 11 Years Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Gilliss Annie Hurley Pinons 4 notified retained 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Samuel Herbert Asplen Box 113- Church Creek, Maryland 21622 age 24 hours after death. Page 6 may be 20a. METHOD OF DISPOSITION BALTIMORE, 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Burial 2 Cremetion 3 Removal from State

Donation 6 Other (Specify) Hust funeral director, Old Trinity Cemetery 8-6 Church Creek, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home Kennett R Thomas filled in by the fillen, or removal. Locust St. Cambridge, 700 Md. medical 23. PART I. Enter the diseases, or complications that disease the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on Interval Between cremation, or IMMEDIATE CAUSE (Final Onset and Death the Fallowe & Acide Reganfailure disease or condition resulting in death) completely OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): and com Wegner's V traumatic CERTIFICATION Sequentially list conditions. 2 if any, leading to immediate attending physician ntal Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events 0 reaulting in death) LAST 0 the atter DIVISION OF VITAL RECORDS, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS e has been signed by the Dept. of Health and N m 23 shows any inj AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? Thrombocytopenia 1 TES 2 NO 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) After this certificate hadeath with the State D amarked, or Item Rem HOSPITAL: OTHER: 1 - YES 2 NO ent 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT NA 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending 1 YES 2 NO NA MA BY Investigation NA After death 2 Accident FUNERAL DIRECTOR: Aft within 72 hours after des 3 Suicide 26a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Nomicide AV AU TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT; If Item 21 29e. CERTIFIER
(Chack aniv. 1 K CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) M.D. 8 3/92 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WD UNION MEMORIAL HOSIPHAL KACMAS SHAH 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Licha Davidson-Randall

'92

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DHMH-16 Rev 1/89

92 22895

3. TIME OF DEATH

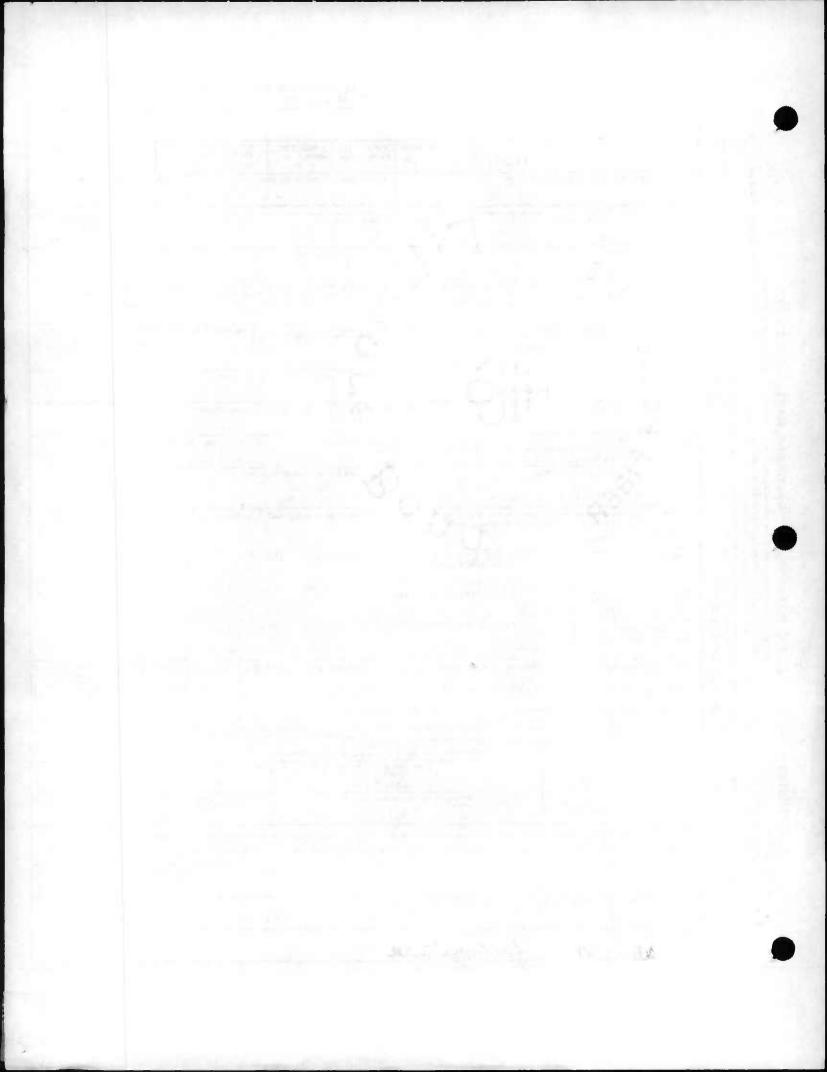
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45day

REG. NO.

2. DATE OF DEATH



BALTIMORE, MARYLAND 21215-0020 OX 68760,

5-0020	ding physician.	the burial-transit permit. Pages 1, 2, 3 should		
BALTIMORE, MARYLAND 2121	after death. Page 6 may be retained by the hospital or atte	by the funeral director, page 5 should be detached for use a	moval.	Ical examiner must be notified at once.
DIVISION OF VITAL RECORDS P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	O THE HOSPITAL OR ATTENDING PHYSICIAN; The law regimes that the open certifican be excused with 24 hours at	TO THE FUNERAL DIRECTOR: After this certificate has been in the continued physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mertal Hyperte prior to burial, cremarion, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. OECEDENT'S NAME (First, Middle, Last)	T A DITTO	mm d or	T					2. DATE OF DEATH		YEAR	3. TIME OF OEATH
	GURDON	L. AND	ERSO	<u> </u>					07-29-199		TEAR	2030 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in	yrs. last birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	376-30-9326	1 € M 2 □ F	59	YRS.	- Table 1			120	11-04-1	932		higan
m	9a. FACILITY NAME (If not institution, give a			OR LOCAT			10 121	INTY OF D				
Į Č	2605 Melba Road	i			E	lli	cot	t C	i ty	H	owar	d County
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN O	R LOCA	TION		-			10d. INSIDE CITY
Ö	Maryland Howa	ard Cou	E	llic	ott	: Ci	tv				LIMITS?	
Pitter, active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active and active active and active active and active active and active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active active act										10g. CIT	IZEN OF V	WHAT COUNTRY?
EB	106. STREET AND NUMBER 2605 Melba Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 11. Mary Merida 2 ☐ Marital Status 12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Maritan, Punto Rican, etc.)								1	USA		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDER	T EVER IN L	J.S. ARMED	13. 1	MAS DEC	ENDENT (OF HISPAI	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	14. RACE	E American Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE					2 💢 NO				Speci	
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade		11	16a. DECEDENT'S (Give kind of	work done o	CUPATIO	ON osl of worki	na	16b. KIND OF BU	SINESS/IN	DUSTRY	
1	Elementary/Secondary (0-12)	College (1-4 or 6	+)	ille. Do NOT us						,		e1
M	17. FATHER'S NAME (First, Middle, Lest)	own		Field	Eng	ine	-		Westin		use	Corp.
	Donald G. Ar	dengon					Ve:		ME (First, Middle, Maiden	,	o b o d	- d-
H	19a. INFORMANT'S NAME (Type/Print)	Ideraon		195. MAILING	ADDRESS	(Street s			Route Number, City or Tow		chet	, T
2	Ms. Diana J. An	derson		2605					Ellicott			D 21042
	20a. METHOD OF DISPOSITION			LACE ANO DATE	OF DISPOS	_		- J	DATE 20c. LO			
	1 ☐ Burial 2 Cremation 3 ☐ Ram 4 ☐ Donation 8 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		_ Bal	ery, cremetory or o	ash.				7/30/92	L	aure	el, MD
	1100	CENSEE	/		22.1	NAME A	NO ADDRE	SS OF FA	Slack	Fun	eral	Home
	Chusheller	Hel		M005		E	111	cott	t City, N	lary.	land	
	23. PART I. Enter the disesses or shock, or heart feliure.	complications the	st coused t	the deeth. Do r	not enter	the mo	ds of dy	ing, suc	h as cerdiec or respi	retory ar	rest,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final											Onset and Death
	disease or condition resulting in death)	. Kenal	cell	Carci	NOA	100	Met	ustu	ses to 1	100	R	MONTHS
		b. Renu										110.
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate			ONSEQUENCE OF		IN	u					years
\\$	cause. Enter UNDERLYING	c.										
臣	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A C	ONSEQUENCE O	F):							
E	resulting in death) LAST	d										
	PART II. Other significant condition	s contributing to	deeth but	not resulting	in the un	deriyin	g ceuse	given in	Pert i. 24s. WAS AN		24b	. WERE AUTOPSY FINDINGS
3									PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL				•								OF DEATH?
									_			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110001711					ACE OF C	EATH (Ch	eck only one)			
YSIG	1 TES 2 NO	HOSPITAL:	ER/Outpat	lent 3 🗆 DOA	OTHER		6 5 M	sidence	8 Other (Specify)			
H	27. MANNER OF DEATH Natural 5 Pending	28a. DATE Of (Month, L		26b. TIM	E OF URY	28c. INJ WO	URY AT		28d. DESCRIBE HOW I	NJURY OC	CURED	
B	Natural 5 Pending 2 Accident Investigation				M		YES 2	NO				
	3 Suicide 6 Could not be 4 Homicide determined	28a, PLACE (building,	of INJURY - atc. (Specify	At home, farm, (street, facto	ory, offic	•		26f. LOCATION (Street a City or Town, State)		r or Rural R	Route Number,
<u> </u>	29a. CERTIFIER				_							
COMPL	(Check only CENTIFTING PHYSI								to the cause(s) and mer			
8	2 MEDICAL EXAMINE		Zamination a	ind/or investigatio	n, in my o	pinion, a				d dua to th	te cause(s) and manner as eteted.
H	296. SIGNATURE AND TITLE OF CHRTIFIER		mI	0			29c. LICI	ENSE NUA	ABER	29d. DAT	E SIGNED	(Month, Day, Year)
21	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEAT	H (ITEM 27) (Type	Print)		00	7	185	,	13	0192
	B. H. MINCHEL	N 95	01 6	21d A	INN	AP	olis	R	P Ellico	# (ity	21042
	31. DATE FILED (Morth, Day, Year)	32. REGISTRA		andrea.							,	,

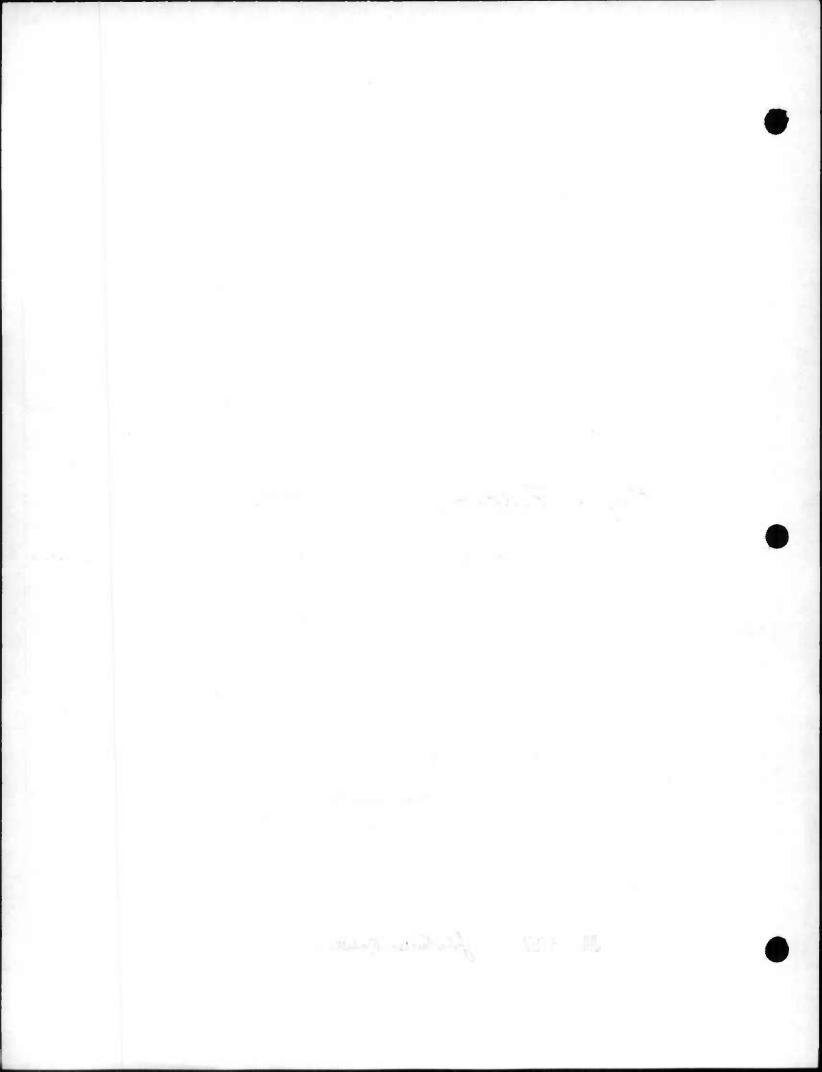
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene print. The medical examiner must be notified at once.

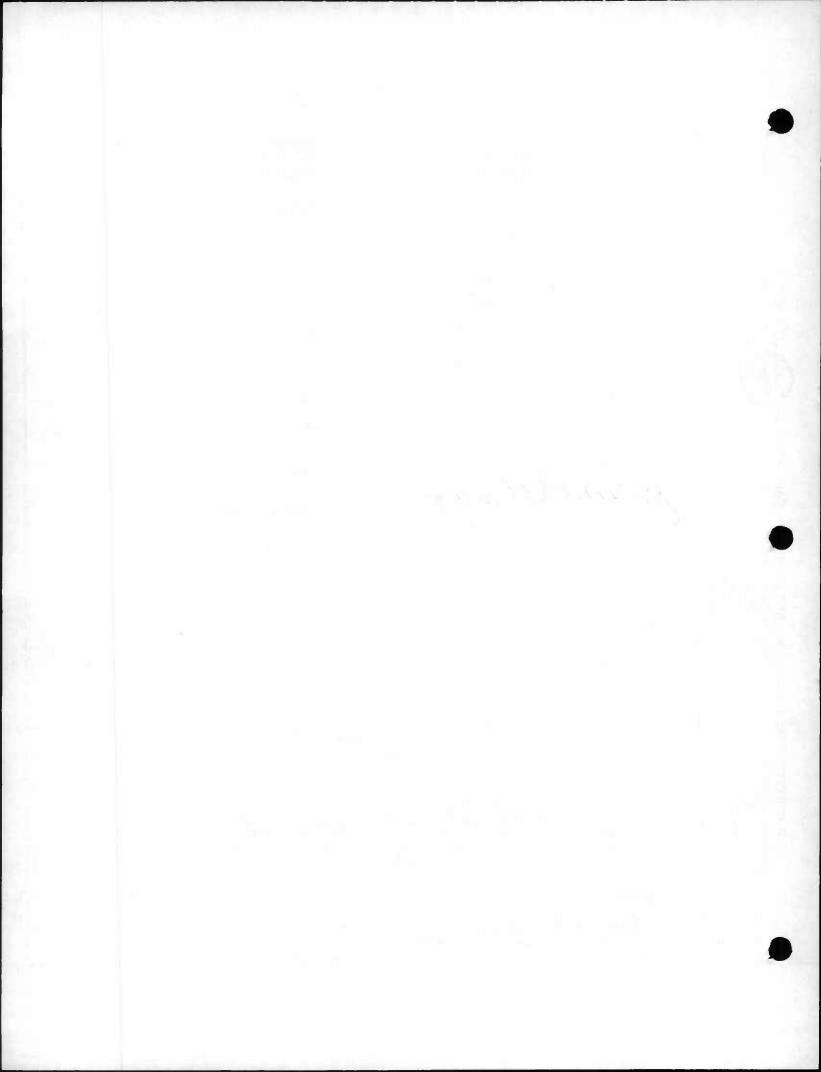
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CE	ERTIF	ICATE	OF	DEATH	1	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) RACHEL	I	ATH	IEV					2. DATE OF C	DA		YEAR	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER							\rightarrow	07	19	1	992	6;05P w	
		5. SEX 6.	AGE (In yrs. les		IF UNDER	1 YEAR DAYS	IF UNDER 24	HRS.	7. DATE OF B (Month, De)	/. Veer)		Countr	PLACE (State or Foreign y)	
	432-42-0557	_ A	70	YRS.					JUNE	7,	192		GARFIELD, MI	
œ	9a. FACILITY NAME (If not institution, give st THE JOHNS HOPK		PAT				R LOCATION					AT TO		
DIRECTOR	RESIDENCE OF DECEDENT	INS HUSPII	LAL		D	ALII	MORE	CILI			BALITMORE			
EC	10a. STATE 10b. COUNTY			10c CITY	r, TOWN O	B LOCAT	ION							
E	MARYLAND KENT	1			ESTE								10d. INSIDE CITY LIMITS?	
	10e, STREET AND NUMBER			CIII	DIE	_	ZIP COOE						1 X YES 2 NO	
FUNERAL	517	KENT ST	THEFT			101	21620)	10g. CITIZE					
Z	11. MARITAL STATUS	12. WAS DECEDENT E				13. WAS DECENDENT OF HISPANIC OF						US		
	1 Never Merried 2 X Married	FORCES? 1	YES 2 NO			MAS DEC f yee, ap-	ENDENT OF H ecity Cuban, &	IISPANIC Aexicen,	ORIGIN? (Sp Puerto Rican	ecify Yaa , etc.)	or No-	14. RACE Black	American Indian, t, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES 1				2 X NO .	Specify:				Specif	pecify:	
	15. DECEDENT'S EDUC	CATION	18a. DE	CEDENT'S	USUAL OC	CLIDATIC	M.		ter way	O OF BUILD	INESS/IND	HOTON	WHITE	
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work in the Do NOT use rete			k done during most of working retired.)				0 OF 805	INESS/IND	USINT		
7	12 yrs.	Conege (1-4 or 5+)		EWI	FE			П	OME	MAKE	Z D			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			11000			18 MOTHER	'S NAME	E (First, Middle	-		11		
Ö	J. FLOY	D LOVELL							A I.					
BE	19a, INFORMANT'S NAME (Type/Print)	2 ZOVEDE		MAILINO	ADDRESS	(Street o	nd Number or					0.41		
2	EDWARD M. ATH	EY (son											1600	
	20a. METHOD OF DISPOSITION	DI (SOII	20b. PLACE	303	CRE	EK	LANE,	CI						
	1 N Buriel 2 Cremetion 3 Remo	oval from State	cemeternicre	TO ATE	henplaces	EM E	TFRV	7-	DATE 22				N, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	DI	1 1101						CHE	OILL	TOW	N, FID.	
	· Hh P	9 .1		22. NAME AND ADDRESS OF FACILITY FELLOWS-WELLS FUNERAL HO						OME				
	Thuy D.	Tellou	413 HIGH ST. CHESTERTOWN used the death. Do not enter the mode of dying, such as cardiac or respiratory erres						IN.M	D.21620				
7	immediate cause (Final	List only one ceuse L'evebr	on each line	s culd	ar i			, sucii i	ss cardiac	or respir	atory em	est,	Approximate Intervel Between Onset and Death G weeks	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST		AS A CONSEC											
111	PART II. Other significent conditions	a contributing to dec	ath but not n	esulting in	the uni	deriving	ceuse give	n In Pa	ert i. 24n	WAS AN A	umpev	24b	WERE AUTOPSY FINDINGS	
4: MEDICAL										PERFORM	NED?		AARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
₹	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEAT	H (Check	only one)					
S	EXAMINER?	HOSPITAL:	l/Outpatient 3		OTHER	:	5 🗆 Reside			-75.1				
Y PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJI (Month, Day, Y	URY	28b. TIME JNJU	OF	28c. INJU	JRY AT	2	ed. DESCRIB		JURY OCC	URED		
TED BY	2 Accident Investigation 3 Suicide a Could not be determined	28a. PLACE OF IN building, atc.	JURY — At hor (Specify)	ma, farm, at	reet, facto			_	81. LOCATION City or Tow	(Street and	d Number	or Rural A	oute Number,	
9	29a. CERTIFIER				71511					_				
COMPLETED	(Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	CIAN: To the best of my	knowledge, das instion and/or li	nvestigation	d et the tir i, in my op	me, data olnion, de	and place, and eath occured a	d dua to	the cause(a) ne, date and p	and mann place, and	due to the	id. o cause(a)	and manner as stated.	
TO BE	114-00	uskomy					29c. LICENSI	E NUMBE	ER			SIGNED	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO Mary beth A. Gr	22KO SO	HMS HO	PKIN	Print)	USPI	tal :	Ba	itimo	we,	mD			
ע	JUN 19, 1 4 223	22KO SO	grana Da	widson	-Aano	lell,	16							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be into the death of the hospital of attending physician.	er death. Page 6 may be retained by the posper or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 strong to account on use as the burial-tran be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal	the funeral director, page 5 stroom be detected for use as the burial-traingal
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	i examiner must be notified at once.

	st, Middle, Last)					<u> </u>	EA	In	La par	REG. N	0.			
HOME		HART	BR	OWN,	JR				MOR		DAY Q 2	YEAR	3. TIME OF OEATH	
4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs. I	ast birthday)	IF UNDER 1 Y		F UNDER	24 HRS.	7. DAT	E OF BIRTH	72	8. BIRT	THPLACE (State or Foreign	
214-52-0794		1XX M 2 □ F	40	YRS.	11.90		OIII-C		5	-9-52		M	ARYLAND	
90. FACILITY NAME (If not					96. CITY, TO			ON OF D	EATH	9c. COUNTY OF DEATH				
206 POTOMAC	CEDENT				SAL	SBUI	KY		_	WICOMI			MICO	
10a. STATE MD	10b. COUNT	COMICO		10c. CIT	SALISI		1						10d. INSIDE CITY LIMITS?	
10a. STREET AND NUMBER			-	_		10f. ZIF	P COD	E			1 YES 2 NO			
206 POTON	MAC AVE	ENUE				2	21801						A.	
11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Div			NT EVER IN U.S., A I YES 2 A MAR OR DATES	RMEO NO	If ye	s, specify	y_Cube	OF HISPAI In, Mexica Specif	in, Puert	ilN? (Specify \ Plican, etc.)		14. RA	CE — American Indian, lick, White, atc.	
15. OE (Specify or	CEDENT'S EDU	CATION completed)		Give kind of	USUAL OCCU	PATION or most of	f workli	na	10	Sb. KIND OF B	USINESS/IN	DUSTRY		
Elementary/Secondary	(0-12)	Cotlege (1-4 or 5		le. Do NOT u	FOREN					GLA	SS			
17. FATHER'S NAME (First, I		CB								Middle, Meide				
190, INFORMANT'S NAME (3K	1,	OF MAIL ING	ADDRESS (SI							- 0 11		
CATHERINE		ROWN			OTOMAC							1801		
20e. METHOD OF DISPOSITION Burlat 2 Crematil 4 Donation 5 Other	ion 3 🗌 Rem	oval from State			of disposition therefore				1		OCATION -		Town, State MARYLAND	
21. SIGNATURE OF FUNE	AL SERVICE LIK	1000 m	7, 7114	_	22. NAI H(LLO	WAY	SS OF FA	CILITY VERA	L HOME				
anock, or i	heart fellure.	complications the	t caused the d	leath. Do r	not enter the	SN(OW of dy	HILI Ing, auc	RD	SAL1	SBURY		Approximate	
IMMEDIATE CAUSE (FI disease or condition reaulting in death)	inei	a. CAN	DO PL	1LM	not enter the $N \sim A$	mode o	of dy	ARI	h aa ca	rdiec or rea	piratory a		Approximata Interval Betw	
IMMEDIATE CAUSE (FI	tiona, ediate ring	a. CAN DUE TO b. DUE TO C. BR	use on each Ilr	EQUENCE OF	NO PI	mode of	of dy	ARI	h aa ca	rdiec or rea	piratory a			
IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events	tions, ediate ring	a. CAR DUE TO B. DUE TO OUE TO d.	OR AS A CONSI	EQUENCE OF	NO AI	mode o	of dy	ARI	La Ca	Total State of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher of Teacher	N AUTOPSY PRIMED?	rrent,	Approximate Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De	
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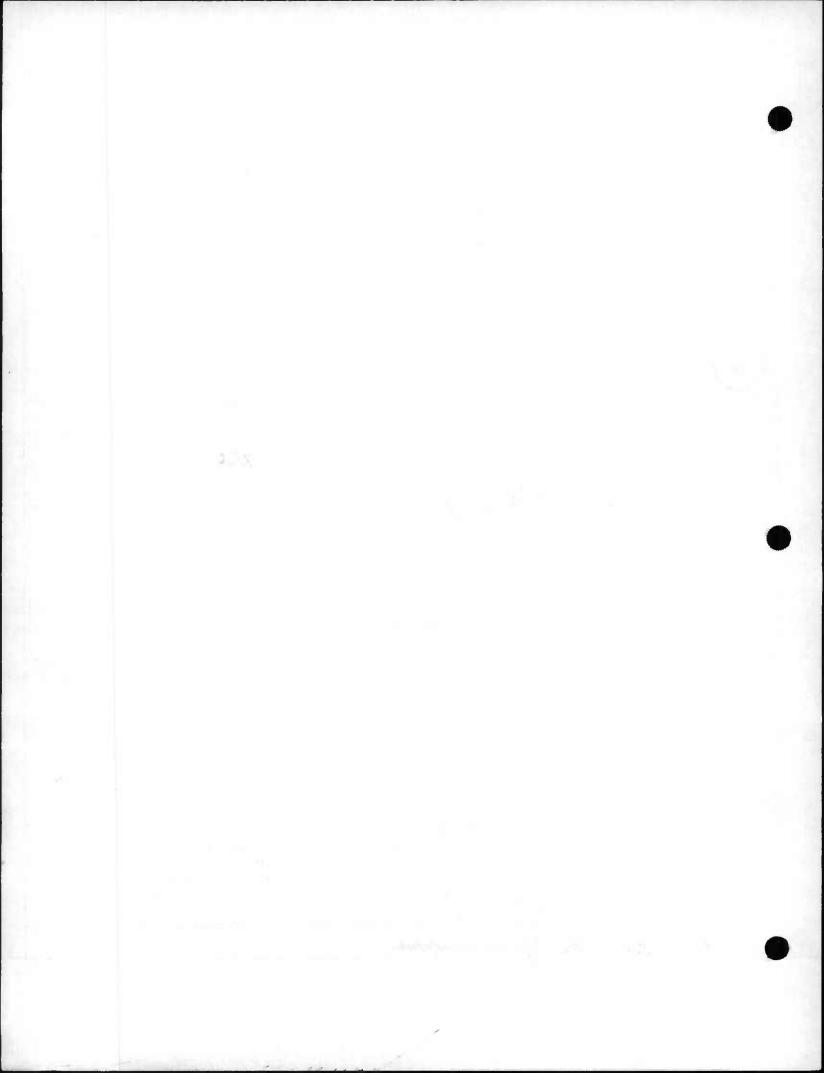
DIVISION OF VITAL RECORDS, P.O. BOX 68760.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR BETTY CHAPMAN BEAUCHAMP 07 -18 -1992 12:30 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Ybar) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS MONTHS HOURS 1 🗆 M 2 😡 F 214-18-4686 68 10-03-23 NEW JERSEY permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Salisbury Nursing & Rehab. Center Salisbury Wicomico 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY WICOMICO SALISBURY 1 PYES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? se as the burial-transit 527 ALABAMA AVENUE 21801 U.S.A. ur attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 ANO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY WHITE 3 Widowed 4XXDivorced CH. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) Coffege (1-4 or 5+) detached SERVICE ASSISTANT 11 TELEPHONE COMPANY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname, retained by SILAS WILSON CHAPMAN BETTYE (UNK) COLONA BE notified page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RUBY B. DASHIELL 608 HUNTING PARK DR SALISBURY, MD 21801 24 hours after death. Page 6 may be be 20a. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Re
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must filled in by the funeral director, ion, or removal. PARSONS CEMETERY SALISBURY, MARYLAND examiner 22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME 501 SNOW HILL RD SALISBURY, MD 21801 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on sech line. Interval Batween **IMMEDIATE CAUSE (Final** Onset and Death cremation, the disease or condition 10 won completely HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, resulting in death) DUE TO (DR AS A CONSEQUENCE OF): and com o burial, o other traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury, PART II. Other significant conditions contributing to deeth but not reaulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS signed by the AILABLE PRIOR TO any AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? shows Me 1 | YES 2 | NO been s has be Dept. 25. WAS CASE REFERRED TO MEDICAL this certificate har with the State De irked, or item 2 28. PLACE OF DEATH (Check only one) HOSPITAL . OTHER: 1 □ ves z t Inpatient 2 - ER/Outpatient 3 - DOA. * LillNon ng Home 5 - Residence 6 - Other (Specify) IT. MANNER OF DEATH 28b. TIME OF 28s. DATE OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Highwat 2 Acoldent 5 Pending T YES 2 NO DIRECTOR: After the hours after death will litem 28 is mark BY 29s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number City or Town, State) COMPLETED 6 Could not be 4 Momicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and menner as stated. FUNERAL I within 72 h 2 MEDICAL EXAMINER: Dn the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Your) 29c. LICENSE NUMBER THE PIECE BE an 40190 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) EDDIE VELAZOUEZ, M.D. 1104 HEALTHWAY DRIVE, SALISBURY, MD. 21801 31. DATE FILEO (Month, Day, Year) 32 REGISTRAR'S SIGNATURE JUL 2 1 1992 Julia Davidson-Randall.

FOR STATE Betty Beauchamp OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

CERTIFICATE OF DEATH



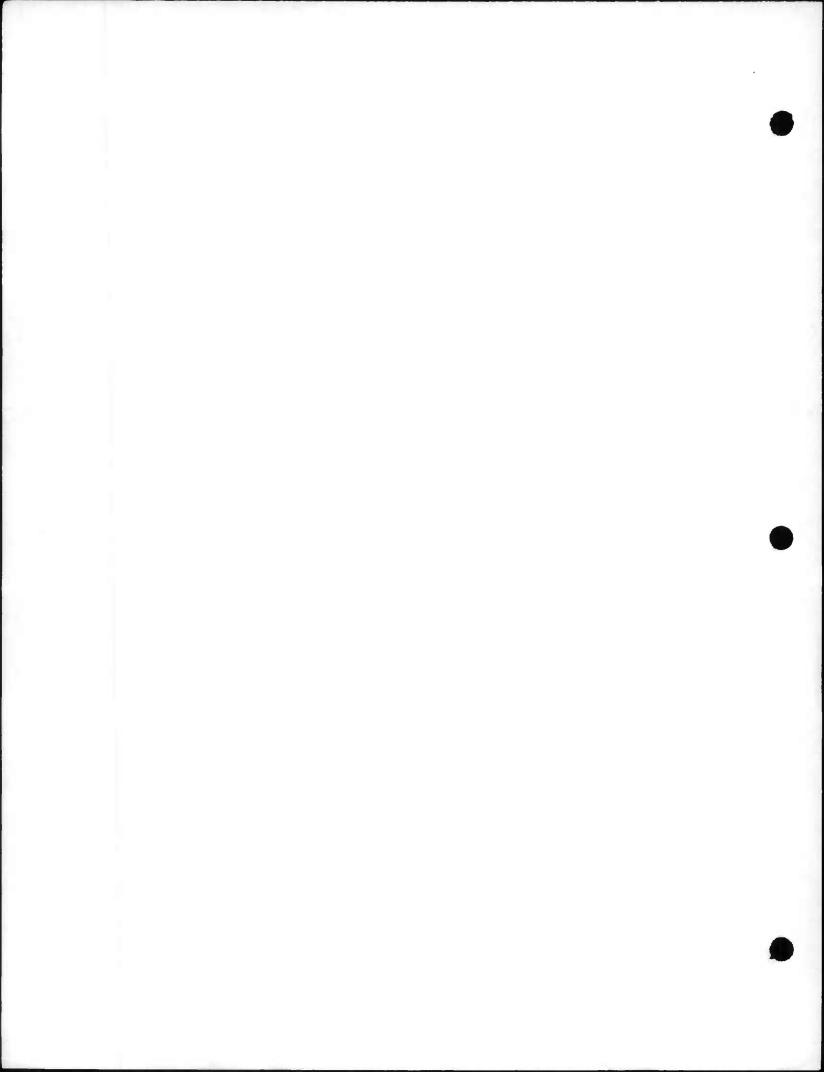
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the baspital or signed by the attending physician and completely filled in by the funeral director, page 5 should by detached for lice as the bunlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

12	1 - FOR STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	YEA	3. TIME OF DEATH
İ	Frances M. Biderma	ann			July 29 19		1:45 A. M
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	E (In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign
	050-24-5170 1 □ M 2 □XF	91 YAS.	MONTHS LAN	NOONS MIN.	Oct 18 190		ew York
	9a. FACILITY NAME (if not institution, give street and number)		9b. CITY, TOV	VN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
8	10019 Pitts Road		Show	e11		Worce	ster
<u> </u>	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. Cl	TY, TOWN OR LO	CATION			10d. INSIDE CITY
8	Maryland Worcester	Sho	well				LIMITS? Ty∏ YES 2 □ NO
3	10e. STREET AND NUMBER	Ditto	,well	101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
8	10019 Pitts Road			21862		USA	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED		DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea	or No- 14.	RACE — American Indian, Black, White, etc.
7	1 Never Merried 2 Merried FORCES? 1 YE 3 Widowed 4 Divorced IF YES, GIVE WAR OR	DATES		, specify Cuben, Maxico YES 2 X NO Special			Specify:
					1		hite
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDENT'S	work done during	ATION a most of working	16b. KIND OF BUS	INESS/INDUST	RY
اۃ	Elementary/Secondary (0-12) College (1-4 or 5+)	Homemak			0 11		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Thomemak	eı	16. MOTHER'S NA	Own Ho		
Ö	Frank Butler			Unkno		,	
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS (Str		Ploute Number, City or Town	, State, Zip Cod	(e)
٩	Patricia L. Shepherd	P.O.	Box 204	Showell	, Maryland	21863	,
	20e. METHOD OF DISPOSITION			cemetery, crematory or		ATION - City	
	1 X Buriel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)	Bishopvil	le Ceme	etery	Bish	nopvil:	Le, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAM	E AND ADDRESS OF FA			
	► (K. l. h) Starl			-	DE 19975		
	23. PART I. Enter the diseases, or complications that caus	sed the deeth. Do				retory srrest,	
	shock, or heert feliure. List only one cause on IMMEDIATE CAUSE (Finel						Interval Between Onset and Death
	disease or condition resulting in deeth) s. Care	hac to	torne.	st.	FAILUR		
- 1	DUE TO (OR A	S A CONSEQUENCE	OF):	/			
Z				eant	TAILUR	A.	
Ĕ	If sny, leading to immediate cause, Enter UNDERLYING	S A CONSEQUENCE	OF):				
5	CAUSE (Disease or Injury	S A CONSEQUENCE	OFI:				
CERTIFICATION	that initiated events resulting in deeth) LAST		,.				
CE	d						
AL	PART il. Other significent conditions contributing to deeth	but not resulting	In the under	lying ceuse given in	1 Part I. 24s. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음					1 _ YES 2	□ NO	OF DEATH?
ME							1 TES 2 NO
PHYSICIAN: MEDICAL							
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	6. PLACE OF DEATH (C			
ΗXS	1 ☐ YES 2 ☐ NO			Home 5 KResidence	8 Other (Specify) 28d, DESCRIBE HOW II	HIBY OCCUP	ED
T.	1 Natural 5 Pending (Month, Day, Year		NJURY	WORK?	284. DESCRIBE NOW II	TOOM OCCOM	
ВУ	2 Accident Investigation 3 Suicide & Could not be 28e. PLACE OF INJU	IRY — At home, farm			281. LOCATION (Street e	nd Number or F	Rural Route Number,
回	3 Suicide 6 Could not be determined building, etc. (S	ipecify)			City or Town, State)		
COMPLETED	29e. CERTIFIER (Check code) (Check code)	owledge, death occu	rred at the time.	date and place, and du	se to the cause(e) and man	ner as stated.	
ME	(Check only one) 2 MEDICAL EXAMINER: On the basic of examina						suse(s) end manner ee stated.
8		/		29c. LICENSE NO	JMBER	29d. DATE SI	GNED (Month, Day, Year)
	296. SIGNATURE AND TITLE OF CERTIFIER						1-110-
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1		D749	168	7	129/92
ш	John Walan	DEATH (ITEM 21) (I)		D342	68	7	/ - //
BE	John Walan			D342	68 SALTS R	PURU	/ - //
BE	30, NAME AND ADDRESS OF PERSON WITH COMPLETED CAUSE OF TEFFREY M. WEILAN 31 DATE PILED (Morth Day, Mar) 1.32 BEGISTBAR'S SI	D. 560		D342 ERSINE	68 DR., JALISB	URY,	/ - //



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be remove the removement or arrangian.	the detecthed for use as the burla-transit permit. Pages 1.2.3 short		
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retaine	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mounts		arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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fter death	the fune	Oval.	al exam
hours a	lled in by	It with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medic
within 24	pletely fil	cremation	ent, the
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ath certifi	tending p	al Hygien	or oth
at the de	by the al	and Ment	y injury
equires th	a signed	If Health	nows an
he law n	e has be	e Dept.	m 23 s
SICIAN: 1	certificat	the Stal	, or Re
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ATTEND	ECTOR: A	hours after death	n 28 is
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2	10	be fi	MP

BALTIMORE, MARYLAND 21215-0020

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92 22901 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Burrier July 16, DAY YEAR 1992 10:00 p. M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 W 2 F 217-36-2740 8-1-1888 MD. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Northampton Manor Nursing Home Frederick DIRECTOR Frederick RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Frederick Frederick 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 200 E. 16th Street 21701 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.)
 Original YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY specity: white 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) farm farming 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) John William Burrier Mary Catherine Bruchey BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9628 Liberty Road, Frederick, Maryland 21701 Margaret Lochner 20s. METHOD OF DISPOSITION
1 💢 Burlel 2 🗆 Cremation 3 🗆 Removal from State
4 🗎 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Unicon Chapel Cemetery 7/20/92 Libertytown. Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE STAUFFER FUNERAL HOME, PO BOX 1819 Than Frederick, Md. 21702 de e 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, Approximate shock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel **Onset and Death** diseese or condition nellemonia reelp resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Heris-Salerote ardy Jaseula, Deseaje CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 TNO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: 1 YES 2 40 1 🗆 Inpetient 2 🗆 ER/Outpetient 3 🗆 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY --- At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide COMPLETED 8 Could not be 4 Homicide

29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29t. LICENSE NUMBER

13409

emass ellus 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE JULIA (MOSSIN, Goy, 1992

SURE REGISTRAN'S SIGNATURE DE

Service.

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country) Indiana

10d. INSIDE CITY

1 YES 2 NO

2:30 A

YEAR

Frederick

USA

14. RACE — American Indian, Black, White, atc.

White

REG. NO.

permit. Pages 1, 2, 3 should

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FOR STATE REGISTRAR

296. SIGNATURE AND TITLE F CERTIFIER

31. DATE FILED (Month, Day, Year)

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Janut Steinke

1992

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Ciar kowski

32-REGISTRAR'S SIGNATURE
Gulia Lauridson-Randole

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68760, DIVISION OF VITAL RECORDS, P.O. BOX OR ATTENDING PHYSICIAN: The law requires that the death Health and After death

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH July 14,1992 Mary Patricia Brooks 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) Sept. 26, 1924 DAYS HOURS MIN 1 M 2 X F YRS. 211-14-8557 9a. FACILITY NAME (if not institution, give alreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3529 Green Valley Rd. Ijamsville RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Frederick Ijamsville BY FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3529 Green Valley Rd. 21754 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY it of working dary (0-12) College (1-4 or 5+) 12 Resident Manager Apartments once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 7 Donald McGarry Ellen J. Ewing BE notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 George J. Brooks 3529 Green Valley Rd., Ijamsville, Md. 21754 pe 20a. METHOD OF DISPOSITION

tiX Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must Gate of Heaven 4 Donation 5 Other (Specify) 07/17/92 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition Rectal concer event, resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF)that initiated events resulting in death) LAST 6 Injury, MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. any Shows has been s Dept. of H PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate his with the State Dirked, or item tem HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO g Home 5 Residence 6 🗆 Other (Specify) 4 🗆 N 27. MANNER OF GEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) DIRECTOR: Aft hours after deal tem 28 is n 3 Suicide ETED. 6 Could not be determined 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 M IMPORTANT: If It

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20c. LOCATION — City or Town, State Silver Spring, Md. 26401 Ridge Rd., Damascus, Md. Approximate Onset and Death 24s, WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 40 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and menner as stated. 29c. LICENSE NUMBER 24882 29d. DATE SIGNED (Month, Day, Year) 7/15/92 10 Hillcrest Dr., Frederick, Md. DHMH-16 Rev 1/89

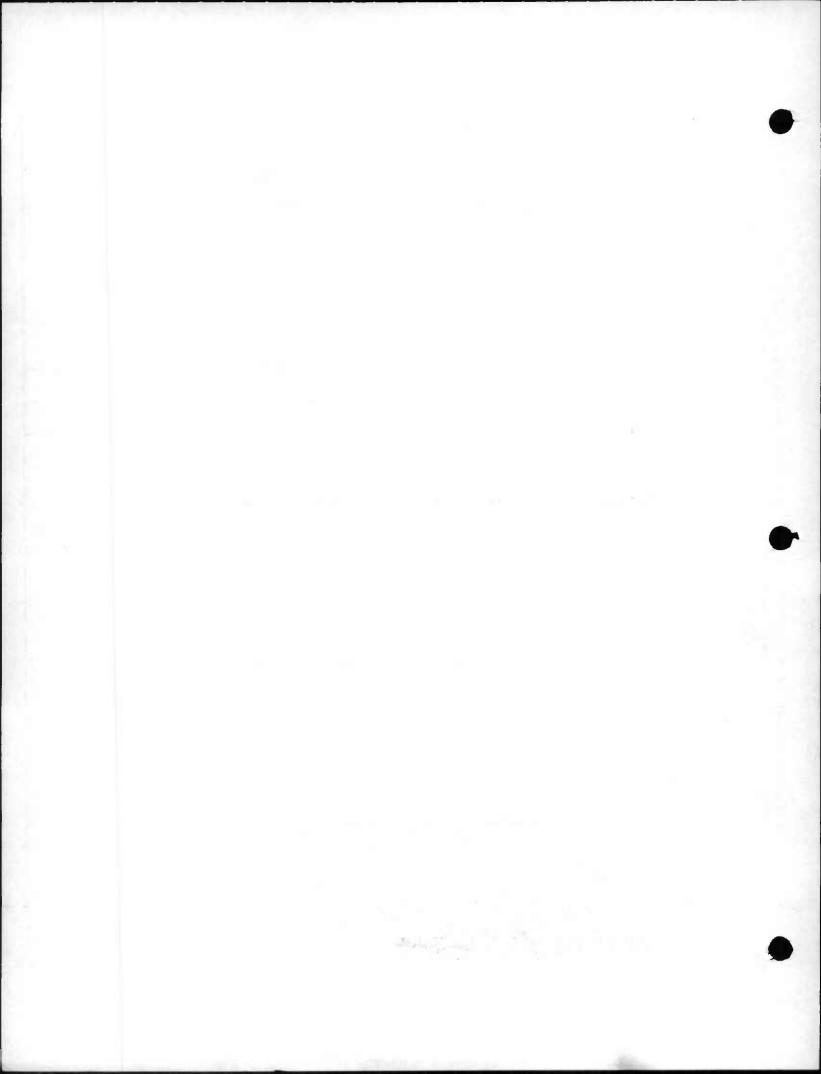
• 1 . 7 100 . a Serie and other one 4 and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o

DALLIMORE, MARTLAND	thours after death. Page 6 may be retained by the hosp	illed in by the funeral director, page 5 should be detached or removal	e medical examiner must be notified at once.	
CHISTON OF WINE RECORDS, F.O. BOX 80/80,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the feath certificate be executed within 24 hours after death. Page 6 may be retained by the hose	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after heart with the State Dent of Hearth and Mental State price to build, committed, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injune, or other traumatic event, the medical examiner must be notified at once.	

31. DATE FILED (Month, Day, Year)

JUL 17

	1 - STATE REGISTRAR		SIAIE UF I	MARYLAND C	DEPAI					MENTAL	HYGIEN	E		
	1. DECEDENT'S NAME (First, Mic	ddle, Last)			-					2. DATE	OF DEATH			3. TIME OF DEATH
	Barry Dur	ncan	Brooks							MONTH 7	14		992	7:00 p. M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (OF BIRTH	<u> </u>		PLACE (State or Foreign
	219-34-9640		1 XM 2 F		3 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	Day, Year) 1-7-19	20	Countr	y)
	9a. FACILITY NAME (If not institu	ition, give etn	pet and number)			ab CITY	TOWN (OR LOCATE	ON OF D		1-/-19		Was.	hington,D.C
œ	8606 Imagir									EAIN		1000		
5	RESIDENCE OF DECE		Court			W.	атке	rsvi	тте			F	rede	rick
DIRECTOR	10a. STATE 10	b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	TION						10d. INSIDE CITY
5	MD.	Frede	erick		Wa	1ker	svi1	10						LIMITS?
7	10s. STREET AND NUMBER						101	ZIP COD	E			10a, CITI	ZEN OF W	/HAT COUNTRY?
8	8606 Imagin	ation	Court					2	1793)				
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13 1	WAS DEC				? (Specify Yes		SA	- American Indian,
	1 Never Married 2 Me	rried	FORCES?	TYES 2	NO	1	f yes, sp	ecify Cube	m, Mexico	in, Puerto R		or No	Black	, White, etc.
ВУ	3 Widowed 4 Divorced	d	" '1955	TOP DATES		- '	YES	2 KM0	Specif	y:			Speci	white
G	15. DECEDI	ENT'S EDUC	ATION	16e, D	ECEDENT'S	USUAL O	CCUPATIO	ON		16h.	KIND OF BUS	INESS/INC	VISTRY	WILLE
ET	(Specify only hig Elementary/Secondary (0-12)		completed) College (1-4 or 5	- Ah	Give kind of e. Do NOT u	work done one retired.)	during mo	st of working	ng					
7	12		Compa (1-4 di 3-		ofess	iona	l nh	otog	ranh	er	Dho	+		
COMPLETED	17. FATHER'S NAME (First, Middle	e, Last)			21.000	TOIIG.	L pii	_			Iddle, Meiden	togra	ipny	
	Duncan Hess	on Br	cooks									SUPPRETIES)		
BE	190. INFORMANT'S NAME (Type)		CORB	Τ.	Db. 84 A II Ibid	1000000	101				Frame			
은	Francoise B	,									er, City or Town			
	20a. METHOD OF DISPOSITION								Cou					ld. 21793
Ш	1 Burlal 2 Cremation 4 Donation 6 Other (Sp.	3 🗆 Remo	val from State	cemetery, c	ematory or o	of dispos ther place) rg Cr	ema	torv	7	/15/9	20c. LOC 2 Sm:	ation —	City or To	wn, State
.51	21. SIGNATURE OF FUNERAL SI	ERVICE LICE	NSEE	2		22.	NAME AN	ID ADDRE	SS OF FA	CILITY				
1	> Thanks	20	L Le	nine	N		Fre	deri	ck,	Mary1	and :	21702)	x 1819
	23. PART I. Enter the disea	ases, or co	omplications that	t causad tha d	eath. Do	not entar	tha mo	de of dy	ing, suc	h as card	ac or reapli	atory arr	est,	Approximate
	IMMEDIATE CAUSE (Final													Intarval Between Onaat and Death
	disease or condition		GASTE	IC LE	10M	YOSA	RCO	MA						13 MONTH
- 1	resulting in deeth)	8	•	(OR AS A CONSI										
z														i
CERTIFICATION	Sequentially list conditions if any, leading to immediate		DUE TO	(OR AS A CONS	OUENCE O	F):								-
8	cause. Enter UNDERLYING													
Ē	CAUSE (Disease or injury that initiated eventa	1 "	OUE TO	(OR AS A CONSE	QUENCE O	F):								
E	resulting in death) LAST													
4	PART II. Other algolificent	conditione	contributing to	deeth but not	resulting	in the un	derlying	cause g	given in	Part I.	24a. WAS AN /		24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
8											1 YES 2			COMPLETION OF CAUSE OF DEATH?
	4													1 YES 2 NO
W										_				
4: MEDICA	-													
	25. WAS CASE REFERRED TO M	EDICAL					26. PL	ACE OF D	EATH (Ch	ack only one)		_	
	EXAMINER?		HOSPITAL:	ED/O do all as	D 204	OTHER	1:	,		eck only one	·			
	EXAMINER?		1 Inpetient 2			4 🗌 Nurs	t: ling Hom	5 R		6 🗆 Other	(Specify)			
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH			INJURY	26b. TIM	4 🗆 Num	i: ling Hom- 28c. INJI WO	o 5 Re	esidence	6 🗆 Other	·	JURY OCC	UREO	
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen 2 Accident Inve		1 Inpetient 2 I	INJURY ny, Your)	26b. TIM	4 🗍 Num IE OF IURY M	28c. INJI WO	e 5 Re URY AT RK? YES 2	esidence	6 🗍 Other 28d. DEŞt	(Specify) CRIBE HOW IN			
D BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pen 2 Accident Inve 3 Suicide 6 Cou	iding estigation	1 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpe	INJURY	26b. TIM	4 🗍 Num IE OF IURY M	28c. INJI WO	e 5 Re URY AT RK? YES 2	esidence	6 Other	(Specify)			oute Number,
D BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen 2 Accident Inve 3 Suicide 6 Cou 4 Homicide date	iding stigation	1 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpe	INJURY ay, Year) F INJURY — At h	26b. TIM	4 🗍 Num IE OF IURY M	28c. INJI WO	e 5 Re URY AT RK? YES 2	esidence	6 Other	(Specify) CRIBE HOW IN			oute Number,
D BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neitural 5 Pen 2 Accident Inve 3 Suicide 6 Cou 4 Homicide 6 Cou 6 test	iding stigation sid not be ermined	1 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpe	INJURY my, Year) F INJURY — At h atc. (Specify)	26b. TIM IN.	4 🗍 Nurs	il: sing Hom 28c. INJI WO 1 1 1	URY AT RK?	NO	6 Other 28d. DESC	(Specify) CRIBE HOW IN TION (Street e. r Town, State)	nd Number	or Rural R	oute Number,
D BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen 2 Accident 3 Suicide 6 Cou 4 Homicide 6 Cou 6 Certifier Check only	iding stigation sid not be prefered	28e. DATE OF (Month, D 28e. PLACE Of building,	INJURY ay, Year) F INJURY — At h atc. (Specify) my knowledge, d	26b. TIN	4 Num IE OF IURY M street, factored at the the	t: sing Hom 28c. INJ WO 1 1 1	e 5 Re URY AT RK? /ES 2	NO NO	6 Other 28d. DESC 28f. LOCA City o	(Specify) CRIBE HOW IN TION (Street er Town, State)	nd Number	or Rural R	oute Number,
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen 2 Accident 3 Suicide 6 Cou 4 Homicide 6 Cou 6 Certifier Check only	ding stigation aid not be prefined	28e. DATE OF (Month, D 28e. PLACE Of building,	INJURY ay, Year) F INJURY — At h atc. (Specify) my knowledge, d	26b. TIN	4 Num IE OF IURY M street, factored at the the	t: sing Hom 28c. INJ WO 1 1 1	e 5 Re URY AT RK? /ES 2 a end place,	NO NO	6 Other 28d. DESC 28f. LOCA City of	(Specify) CRIBE HOW IN TION (Street er Town, State)	nd Number	or Rural A	and menner as stated.
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen 2 Accident Inve 3 Suicide 6 Cou 4 Homicide 6 Cou 6 tet 29e. CERTIFIER (Check only 0re) 2 MEDICAL 29b. SIGNATURE AND TITLE	iding stigation aid not be primined ING PHYSICI	28e. DATE OF (Month, B) 28e. PLACE Of building, IAN: To the best of s	INJURY ay, Year) F INJURY — At h atc. (Specify) my knowledge, d amination and/or	26b. TIM IN.	4 Num E OF IURY M street, tecto	t: sing Hom 28c. INJ WO 1 1 1 ory, office me, date pinion, de	end place, eath occur	NO NO NO NO NO NO NO NO NO NO NO NO NO N	6 Other 28d. DESC 28f. LOCA City of to the cause time, date of	(Specify) CRIBE HOW IN TION (Street er Town, State) He(s) end meni	nd Number ner es stat	or Rural A	and menner as stated. (North, Day, Year)
E COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen 2 Accident Inve 3 Suicide 6 Cou 4 Homicide 6 Cou dete 29e. CERTIFIER (Check only one) 2 MEDICAL	iding stigation aid not be primined ING PHYSICI	28e. DATE OF (Month, B) 28e. PLACE Of building, IAN: To the best of s	INJURY ay, Year) F INJURY — At h atc. (Specify) my knowledge, d amination and/or	26b. TIM IN.	4 Num E OF IURY M street, tecto	t: sing Hom 28c. INJ WO 1 1 1 ory, office me, date pinion, de	end place, eath occur	NO NO NO NO NO NO NO NO NO NO NO NO NO N	6 Other 28d. DESC 28f. LOCA City of to the cause time, date of	(Specify) CRIBE HOW IN TION (Street er Town, State) He(s) end meni	nd Number ner es stat	or Rural A	and menner as stated. (North, Day, Year)



	TO THE HO	TO THE FU
6	7	A

31. DATE FILED (Month, Day, Year)

'92

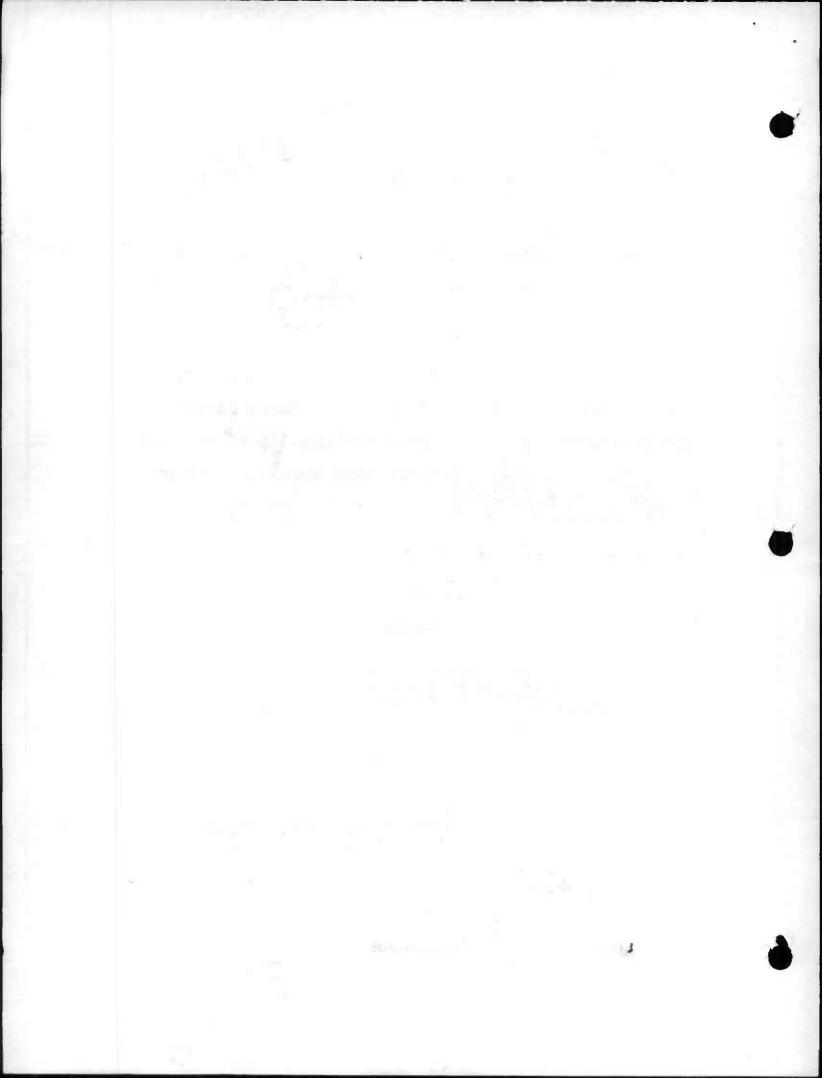
	г		REGISTRAR	STATE OF MARYLAND	/ DEPAR CERTIF					REG. NO.		3. TIME OF DEATH
		1	1. DECEDENT'S NAME (First, Middle, Last) CATHERIN	E LORD BALDT					AUGUS	ST 4, 1	.992 YE	
			4. SOCIAL SECURITY NUMBER 222-07-6856	5. SEX 6. AGE (In yrs. 1 M 2 XF 87	lasi birthday) YRS.		DAYS F	IF UNDER 24 HRS.		13,19	004 1	HATHPLACE (State or Foreign ountry) MARYLAND
	z. 3 should	TOR	9a. FACILITY NAME (If not institution, give str MERIDIAN NURSING RESIDENCE OF DECEMENT		NES	100	EAST	ON	ATH	9	c. COUNTY	ALBOT
	permit. rages 1,	DIRECTOR	10e. STATE 10b. COUNTY	HESTER	10c. CIT	CAM	BRID					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
		ERAL	100. STREET AND NUMBER OAKLEY TERRACE				10f. 2	21613		10	9. CITIZEN	OF WHAT COUNTRY? USA
03-3146 attending physician.	the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED NO	11	yes, spec	IDENT OF HISPAN Ify Cuben, Mexican	n, Puerto Ric		1 3	RACE — American Indian, Black, White, etc. Specify: WHITE
212	Tor use as	ETED	15, DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondery (0-12)		life. Do NOT u	work done do	uring most		16b. K	IND OF BUSING	ESS/INDUST	RY
	defached once.	COMPL	17. FATHER'S NAME (First, Middle, Last) JOSEPH H. LORD		11011	LUAKE		18. MOTHER'S NAI			name)	
MARYL retained by	should be notified at	9E	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS	(Street and	NEI.		ARDING City or Town, S	State, Zip Coo	le)
	0 =	5	EVELYN L. TAYLOR					EET, HUI	RLOCK	_	21643	
ORE,	must b		20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remo 4 Donation 6 Qther (Specify)	val from State UN	or place) TY WA	SHING	ne of come TON	tery, cremetory or CEMETERY	Y		LOCK,	or Town, State MD
	tuneral di ixaminer		21. SIGNATURE OF FUNERAL BERVICE LIC	Design Seller	,	ZE	LLER	FUNERAL	L HOM			STREET
BOX 13146, fincate be executed within 2.7 , lours aft	physician and completely filled in by the glane prior to burial, cremation, or removal other traumatic event, the medical	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ine. pulm insequence of	not enter	the mod	a of dying, suc				
9	日主日	CERT							1			
RECORDS	sen signed by fill all of Hesth and Menta shows any Injury,	: MEDICAL	PART II. Other algorificant condition 5/p Ce Demo	e contributing to deeth but or rebrowascular mka	Accide	ert	deriying	cause given in		24a. WAS AN AL PERFORMI 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
AL He	State har State Dreat	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	t:	ACE OF DEATH (Ch				
OF VIT	the the	PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER/Outpatie 28a. DATE OF INJURY (Month, Day, Year)	26b. TI		28c. INJU WOF	NC?	7	(Specify) CRIBE HOW INJ	URY OCCUP	MED
DIVISION C	after death 28 is mar	TED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm	, street, fact	1 Y	ES 2 NO		TION (Street end r Town, State)	1 Number or	Rural Route Number,
DIV HOSPITAL OR A	322	COMPLET	Check only	CIAN: To the best of my knowledg								
岩	Pol Pol	BE	29b. SIGNATURE AND TITLE OF COURSE	Pyno				29c. LICENSE NU	MBER 7593	3	29d. DATE S	IGNED (Month, Day, Year) 8.5.97
2	5 % ₹	2	30, NAME AND ADDRESS OF PERSON WIT	O COMPLETED CAUSE OF DEATH	(ITEM 27) /To	pe. Print))				

Easton

32. REGISTRAR'S SIGNATURE

DAVI SON-Rands

MD



3. TIME OF DEATH

9:00PM

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

White

Approximate

interval Between **Onset and Death**

do

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

29d, DATE SIGNED (Month, Day, Year)

1 TYES 2 K NO

8. BIRTHPLACE (State or Foreign

Maryland

Carroll

U.S.A

Specify:

BALTIMORE, MARYLAND 2	OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within urs after death. Page 6 may be retained by the hospita	CONTINUE Attachment has been black by the absention of committee of continue and committees and committees and
BA	rs after de	a her ohn 6
	n	1
		É
13146,	secuted within	and naminta
BOX	artificate be	ne shesions
Ö	2	and.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the deat	hone alound he she also
OF VITAL	PHYSICIAN: The law	ship namedianess han
NOISIAIC	OR ATTENDING	Supramo, alban

TO THE HOSPITAL TO THE FUNERAL (
De filed within 72 h
IMPORTANT: II II HOSPITAL

BE 0

29b. SIGNATURE AND TITLE OF CERTIFIER

PHRAIN

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

permit. Pages 1,

as the burial-transit

1203-3146

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 8/6/92 Wilbur Franklin Buffington 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 9494 1 X M 2 F YRS. 65 217-28-6455 9/2/26 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 529 Key Heights Rd. Union Bridge 10a. STATE 10c. CITY, TOWN OR LOCATION Maryland Carroll Union Bridge FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 529 Key Heights Rd 21791 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 24 If yes, specify Cuban, Mexican, Puerto Rican, atc.)

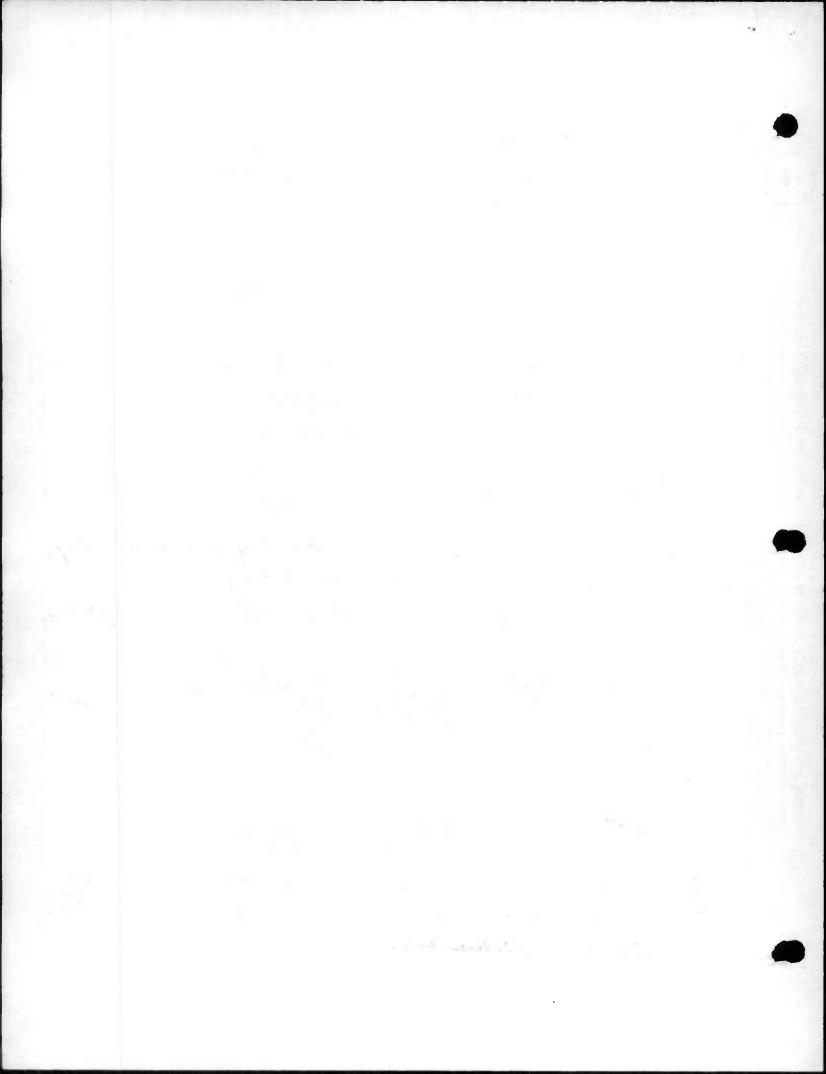
1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 18h KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) st of working Elementary/Secondary (0-12) College (1-4 or 5+) 10 heavy equipment operator brick co once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Raymond Isaac Buffington Margaret Eyler BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Union Bridge, MD 21791 Carlean E. Buffington 529 Key Heights Rd. pe 20c METHOD OF DISPOSITION
1 ... Burlel 2 (3 Cremation 3 - Removal from State
4 - Donation 5 - Other (Specify) 20b. PLACE OF DISPOSITION (Name of cornetery, crematory or 20c. LOCATION - City or Town, State must b Carroll Cremation, Inc. Hampstead ... 22. NAME AND ADDRESS OF FACILITY D.D. Hartzler & Sons 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner thanie Union Bridge, MD cremation, or removal. the medical 23. PART I. Enter the diseases, or complications the ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory strest, shock. Dr heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disesse or condition resulting in death) ar other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) Mental Hygiene prior to burial, CERTIFICATION oroma Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in desth) LAST shows any injury, or PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL Health and 1 TYES 2 NO Dept. of h PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item : certificate h AL OR ATTENDING PHYSICIAN; The OIRECTOR: After this certificate 2 hours after death with the State 1 item 28 is marked, or item OTHER: 1 YES 2 TO NO 1 Department 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Masidence 8 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 D Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

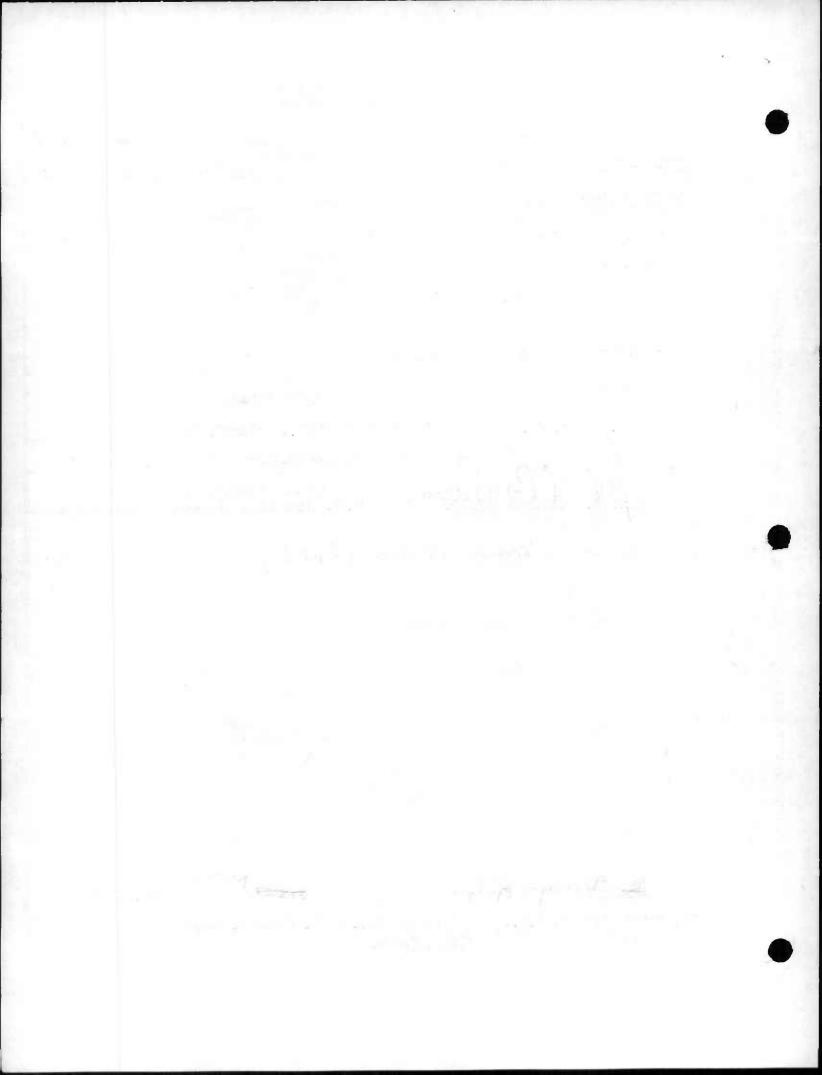
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DIVISION	

4	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last	11		CENTIF	ICATE	UF	DEAT	7	REG. N	0.			
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	4. SOCIAL SECURITY NUMBER	1		n yrs. lest birthdey)			IF UNDER 2	HRS. 7. 1	DATE OF BIRTH		BIRTHPL	CE (State or Foreign	
	578-12-2707	1 - M 2 X F	71	YRS.	MONTHS	DAYS	HOURS		Month, Day, Year)	1920 W	Country)	ngton DC	
œ	9a. FACILITY NAME (If not institution, give				9b. CITY,	TOWN C	OR LOCATION	OF DEATH		9c. COUNT	Y OF DEAT	H TOTAL	
2	14 Kings Wharf P	lace			Wa	ldor	·f			Char]	es		
DIRECTOR	10s. STATE 10b. COUN			10c. CI	TY, TOWN O		TION				10	d. INSIDE CITY	
	Maryland Char	les			Wald							YES 2 X NO	
LONERAL	30 Kings Wharf P	lace				101	ZIP CODE	0				T COUNTRY?	
	11. MARITAL STATUS	12. WAS DECEDENT			13. \	AS DEC	2060		RIGIN? (Specify Y		ed St		
	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA				yes, spi	ecify Cuban,	Maxican, Pu Specify:	arto Rican, etc.)		Specify: White	American Indian, hita, alc.	
	15. DECEDENT'S ED (Specify only highest grad			16a, DECEDENT'S (Give kind of life. Do NOT u	work done o				16b. KIND OF B	USINESS/INDU	STRY		
Ĭ	Elementary/Secondary (0-12)	College (1-4 or 5 +)		Homemak					Owen	Home			
COMPL L	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	R'S NAME (F	First, Middle, Maids				
DE C	Louis Gillian Gou	ugh					Leli	a Reb	ecca Sw	ann			
2	19a. INFORMANT'S NAME (Type/Print)	1					nd Number or	Rural Route	Number, City or To	wn, State, Zip C			
	Kenneth B. Bates.			14 Ki	ngs V	lhar	f P1.	. Wal	dorf, M	arvlan	d 206	02	
	294, METHOD OF DISPOSITION NA Burtal 2 □ Cranuition 3 □ Res 4 □ Donation 5 □ Other Greens	movel from State	20b.	PLACE AND DATE	OF DISPOSI	TION (Na	me of	07 0		OCATION — CI			
	MGBHATURE OF FUNDERAL ARVICE LIGHTSEE CEMERAL ARVICE LIGHTSEE 22. NAME AND ADDRESS OF FACILITY												
	The Huntt Funeral Home, Inc. P.O. Box 156, Waldorf, Md. 20604												
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	С.	OR AS A	CONSEQUENCE O	F):)	ipic k	nny				Smo	
CALCE	PART ii. Other aignificant condition	ns contributing to d	leath bu	t not reaulting	in the unc	lerlying	ceuse giv	en in Part		PRMED?	CO	RE AUTOPSY FINDII ILABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO	
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	EXAMINER?				OTHER		3.4		,				
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ED DI PRISICIAN: MEDI	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 E 28e. DATE OF IN (Month, Day,	yJURY Year)	28b. TIM INJ	4 Numi	ng Home 18c. INJU WOF 1 Y	FRESIDENT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	28d.	Other (Specify)	and Number or		Number,	
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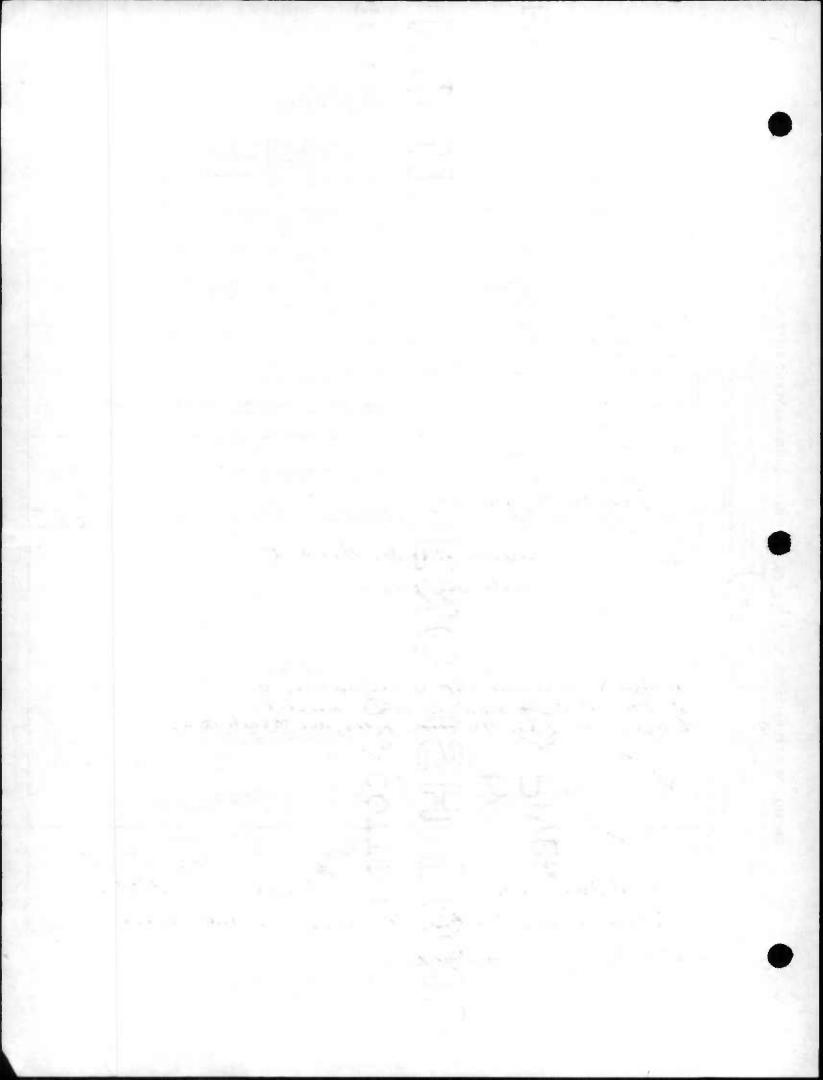
When a final after death. Page 6 may be retained by the hospital or attending physician.

The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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O THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certifications are common within after death. Page 6 may be retained by the hosp	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending periods and committee in by the funeral director, page 5 should be detache in fine the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other seumatic ment, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH A		ENE	. 22901				
1. DECEDENT'S NAME (First, Middle, Leat) Mary Evelyn	Berry	99 1		2. DATE OF DEATH	DAY YEAR 31 92					
4. SOCIAL SECURITY NUMBER 217-30-7861 9e. FACILITY NAME (If not Institution, give	5. SEX 8. AGE (1)	YRS. MONT	DER 1 YEAR IF UNDER 24 16 DAYS HOURS I	(Month, Day, Year 9/19/1	s. BIP Cou	THPLACE (State or Foreign intry) roline count				
RESIDENCE OF DECEDENT										
	n Anne	Barcla				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
P.O. Box 112			101. ZIP CODE 2160	7	109. CITIZEN O	F WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		HISPANIC ORIGIN? (Specify Mexican, Puerto Rican, atc. Specify:) Bi	ACE — American Indian, ack, White, atc. pocify: Black				
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 5th 17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir Home Mak	one during most of working d.)	16b. KIND OF	BUSINESS/INDUSTRY					
Edward T. Dani	els Dec	105 MAILING ADD		athrine Rural Route Number, City or	Thomas	Dec				
James Dickers 200,METHOD OF DISPOSITION 11 Burisi 2 Cremation 3 Re		P.O. BO	x 49 Barcl	ay Maryl		Town, Stata				
of cemetary, crematory or other place) A										
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. Cerebral DUE TO (OR AS A	Vascular CONSEQUENCE OF):	Accide		espiratory errest,	Approximate Interval Between Onset and Deat				
If erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	tf eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events									
PART II. Other eignificant condition ASHD CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CO CHF CHF	OF DEATH?									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 FO	HOSPITAL: 1 inpetient 2 ER/Out	satient 3 DOA 4	HER:	NTH (Check only one) Idence 6 - Other (Specify))					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2		OW INJURY OCCURED					
	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)									
(Check only	SICIAN: To the best of my know NER: On the basis of examination					se(a) and manner as stated.				
166 Clum	an i	341	22,	13/3	18/3	NED (Month, Day, Year)				
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ANG 3 '92	Julia Davidson	Renda 00								

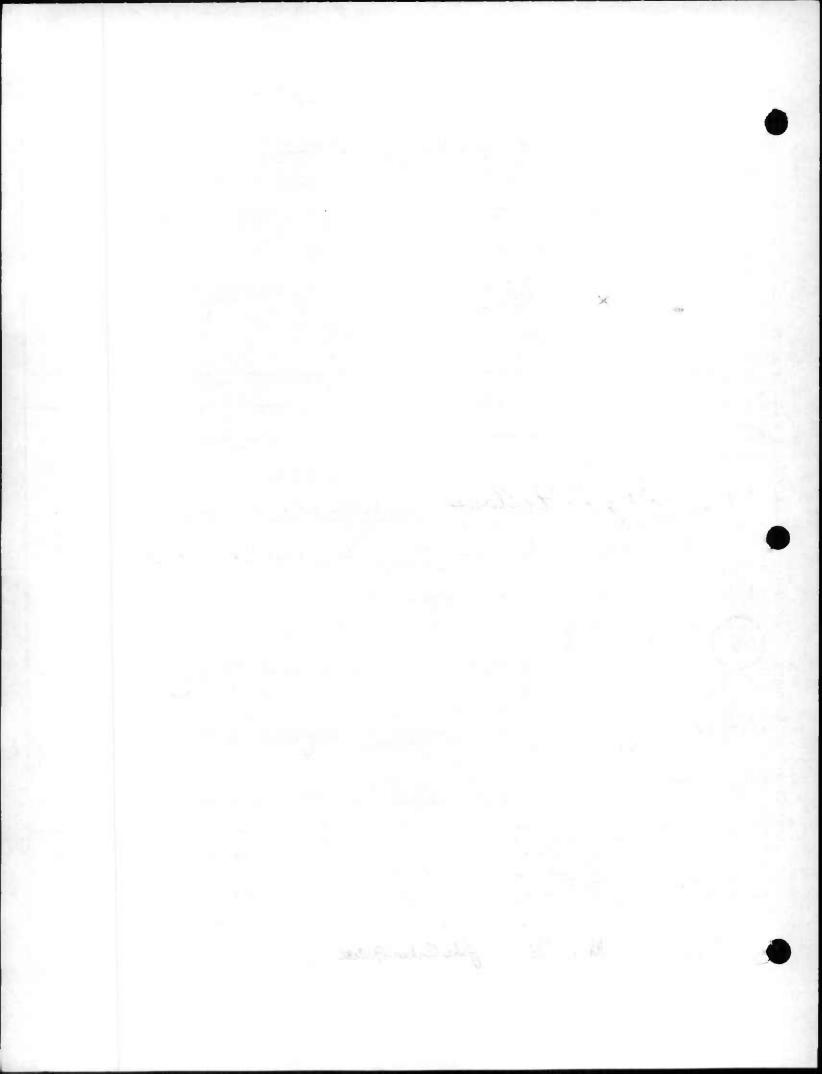


FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

	1. DECEDENT'S NAME (First, Middle, Last) KXXNERXNEXXXX	KATHRYN .	J. BO	ND			92. Y	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. 9EX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6:40 pM				
	186-12-8595	1 🗌 M 2 🔀 F	69 YRS.	MONTHS DAYS	HOURS MIN.	June 27	1923	PA				
	9a. FACILITY NAME (If not Institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY					
DIRECTOR	182 Hollywood	Beach RD (at home)Chesar	oeake C	ity	Cec	il				
#	10a. STATE 10b. COUNT	ry		Y, TOWN OR LOCA				10d. INSIDE CITY				
		aware	Dr	exel H	111			LIMITS?				
\¥	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?				
FUNERAL	3918 James St.	Apt 1			19026		U	SA				
1 2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED	13. WAS DEC	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)	or No — 14.	. RACE — American Indian, Black, White, etc.				
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		NO Specif			Specify:				
	15. DECEDENT'S EDI	CATION	16a DECEDENT'S	USUAL OCCUPATI	ON			White				
E	(Specify only highest grad	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during me se retired)	ost of working	16b. KIND OF BUS	SINESS/INDUS	TRY				
COMPLETED	12	0011090 (1-4 0) 3+)	Waitr	ess		Food	j					
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden						
BE (Joseph McFadd	en			Susar	nna Curra	an					
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural i	Route Number, City or Town	n, State, Zip Coo	de)				
-	Paul Crilly		Dia	mond Ba	r, Cal:	ifornia						
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	4 Donation 5 Other (Specify)		Philadel	phia C	remator	y 7/22/9	2 Phi	ladelphia, P				
	DA D	CENSEE			ADDRESS OF FA	ciury neral Hom		01/51				
- 1	Dary D.	tellow	5	12/0	W. Cypr	ess St	M + 11 +	21651				
	23. PART I. Entar he diseases, pr ehock, or heert failure.	complications that caus Liet only one cause on	ed the death. Do i	not antar tha mo	da of dying, suc	h as cardiac or reapi	ratory arrest	, Approximate				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a conscouence of): Interval Between Onset and Death Onset and Death											
WEICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
CEMME	resulting in death) LAST	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):										
AL	PART ii. Other significant condition	ns contributing to death	but not reaulting	in the underlying	g cause given in			24b. WERE AUTOPSY FINDINGS				
MEDICAL						PERFOR		MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
ME							7	1 YES 2 NO				
N												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ock only one)						
IYS	1 YES 2 NO	1 Inpatient 2 ER/Ou		4 - Nursing Hom	5 Realdence	6 Other (Specify)						
	Natural 5 Pending	(Month, Day, Year)		URY WO	RK?	28d. DESCRIBE HOW IN	JURY OCCURE	EO				
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUR	Y - At home form a	M 1 1								
COMPLETED	4 Homicide 6 Could not be determined	building, etc. (Sp.	ecify)	weet, tectory, ome		28f. LOCATION (Street a City or Town, State)	nd Number or R	Iural Route Number,				
PLE	29a. CERTIFIER Check only	CIAN: To the best of my kno	wledge, death occurre	ed at the time, date	and place, and due	to the cause(e) and man	Day se stated					
OM	one) 2 MEDICAL EXAMINE	R: On the basis of examinati	on and/or investigation	n, in my opinion, d	eath occured at the	time, date and place, and	due to the ca	use(e) and menner ae stated.				
ш	296. SIGNATURE AND TITLE OF CERTIFIE		well 10		29c. LICENSE NUM			SNED (Month, Day, Year)				
TO B	30. NAME AND ADDRESS OF PERSON WH	no P (- C	EATH (ITEM 27) (Type,	PLYIOM Print)	D3	3-510	▶ 7.	- 16-9-				
10	31. DATE FILED (Month, Day, JAN)	Penley /	Una C	0 4568	a, De	1970-						
10	7-16.9-10.23		ha Davidson	-Randalle								



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE OF OEATH		3.	TIME OF DEATH
	Bernard Donald	1 Brook	s Sr.						MONTH DA	AY -902	YEAR	M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In	ast birthday)		1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH	- / / //	O. BIRTHPLA	ACE (State or Foreign
	220-32-7604	1 M 2 - F	54	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 9-16-193	37	Country)	land
	9s. FACILITY NAME (If not institution, give at		9 1		9b. CITY	r, TOWN	OR LOCAT	ION OF DI			TY OF DEAT	
뜨	Kent and Oueen	Annala	Hoen	it-ol	Cla	oct	one to o	V.7:3				
5		Kent and Queen Anne's Hospita						MIT		Ken	l L	
DIRECTOR	10e. STATE 10b. COUNTY			10c. CF	TY, TOWN	OR LOCA	TION				10	Id. INSIDE CITY
	Maryland Kent				Wor	ton					1	YES 2 NO
AL	10e. STREET AND NUMBER					10	f. ZIP COD	E		10g. CITIZ	EN OF WHA	T COUNTRY?
FUNERAL	R.F.D.#1 Box 1	136					2167	8		USA		
5	11. MARITAL STATUS	12. WAS DECEDEN							NIC ORIGIN? (Specify Yes	or No-	14. RACE -	American Indian,
1 Never Married 2 Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ∰ NO Specify: Specify:					rnite, etc.	
	3 Widowed 4 Divorced									1	I	Black
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind of	work done			ina	16b. KIND OF BUS	SINESS/INDU	ISTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5		fe. Do NOT L	ise retired.)							
M	Secondary			Lat	or				Vario	ous		
8	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Middle, Maiden	Surneme)		
BE	Marshall Brook	CS					Don	oth	y V. Dors	sev		
2	19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILIN	G ADDRES	S (Street	and Numbe	r or Rural	Route Number, City or Yow	n, State, Zip (Code)	
F	Mrs. Agnes Brook	CS.	B	F.I).#1	Bo	x 13	36 W	orton, Man	cvlar	ad 21	1678
	20e. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremetion 3 ☐ Remo	und from State		EAND DATE	OF DISPOS	SITION (N	ame of		DATE 20c. LO	CATION - C	ity or Town.	State D T D
	4 Donetion 5 Other (Specify)	var from State	Unio	rematory or i	other place)	d M	etho	dis	17-892 Vor	ton.1	[arv]	land
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	ND ADDRE	SS OF FA	CILITY WALLI	Y FI	INERA	AT. HOME
-1	(comet	mas a			100	2 0	- 7					
	23. PART I. Enter the diseesea, or c	omplications the	t caused the d	leath Do	not enter	the me	at of de	IT .	St.Cheste	ertow	m . Na	
	shock, or heert failure.	lat only one cau	se on each lin	10.								Approximate interval Between
- 1	IMMEDIATE CAUSE (Fins)	na	Mass	10	D	01.	To	1	111-1-1	1.0		Onset and Death
	resulting in death)											
_	OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
¥	If sny, lesding to immediate cause. Enter UNDERLYING				,							İ
띮	CAUSE (Disease or Injury that initiated events	OUE TO	(OR AS A CONSI	EQUENCE C	PF):							
ե	resulting in death) LAST											
												+
DICAL	PART II. Other significant condition	contributing to	deeth but not	reaulting	in the ur	nderlyin	g csuse	given in	Pert I. 24s. WAS AN PERFOR			ERE AUTOPSY FINDINGS
음	13/	once	reaf	1	11	m	n	9	1 _ YES 2	NO		MPLETION OF CAUSE DEATH?
W											1	YES 2 NO
ż												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMÍNER?						LACE OF D	DEATH (Ch	eck only one)			
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE		ne 5 🗆 R	esidence	6 Other (Specify)			
Ĭ	27. MANNER OF DEATH	28e. DATE OF		26b. TIR	NE OF	26c. IN.	JURY AT		26d. DESCRIBE HOW II	NJURY OCCL	UREO	
_	1 Netural 5 Pending	(Month, D	ay, rwar;	1111	JURY M	-	ORK? YES 2[] NO				
D BY	2' Accident investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At h	ome, term,	atreet, faci	tory, offic	:0		28t. LOCATION (Street a	and Number o	or Rural Route	e Number,
	4 Homicide determined	building,	etc. (Specify)						City or Town, State)			
۳ ا	290. CERTIFIER 1 CERTIFYING PHYSIC	MAN. To the head of										
COMPLETE									to the cause(e) end mar time, date and piece, an			
႘		1		- Investigati	orr, in my c	opinion, t	Marin Occu	red at the	time, uste and piece, an	a due to the	ceuse(e) en	id manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1 1/12	el h	10			29g. LIC	ENSE NUI	BER	29d. CATE	SIGNED (M	orith, Day, Year)
2	MOUVE	1100	11/1	VV				10	101		1-10	7-16
	30. NAME AND ADDRESS OF PERSON WHO											
	Marry P.Ross M	.D. Che	sterto	own.	Mar	vla	nd .	2162	.00			
	31. DATE FILEO (Month, Dey, Year)	Wa Jayas	H'S STATUTE	1								

BALTIMORE, MARYLAND 21215-0020

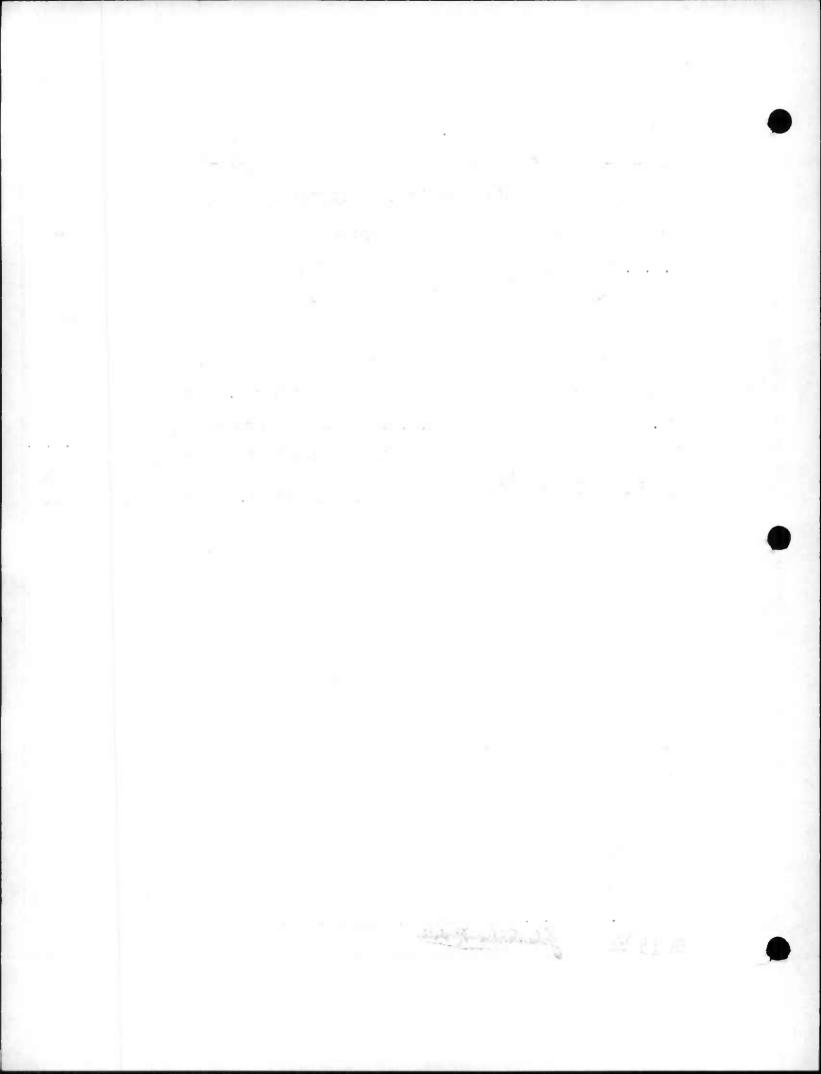
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the dearth certification be defeated within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and physician and physician physician be filed within 72 hours after death with the State Dept. of Health and Mental Hygens and to burial, cremation, or removal.

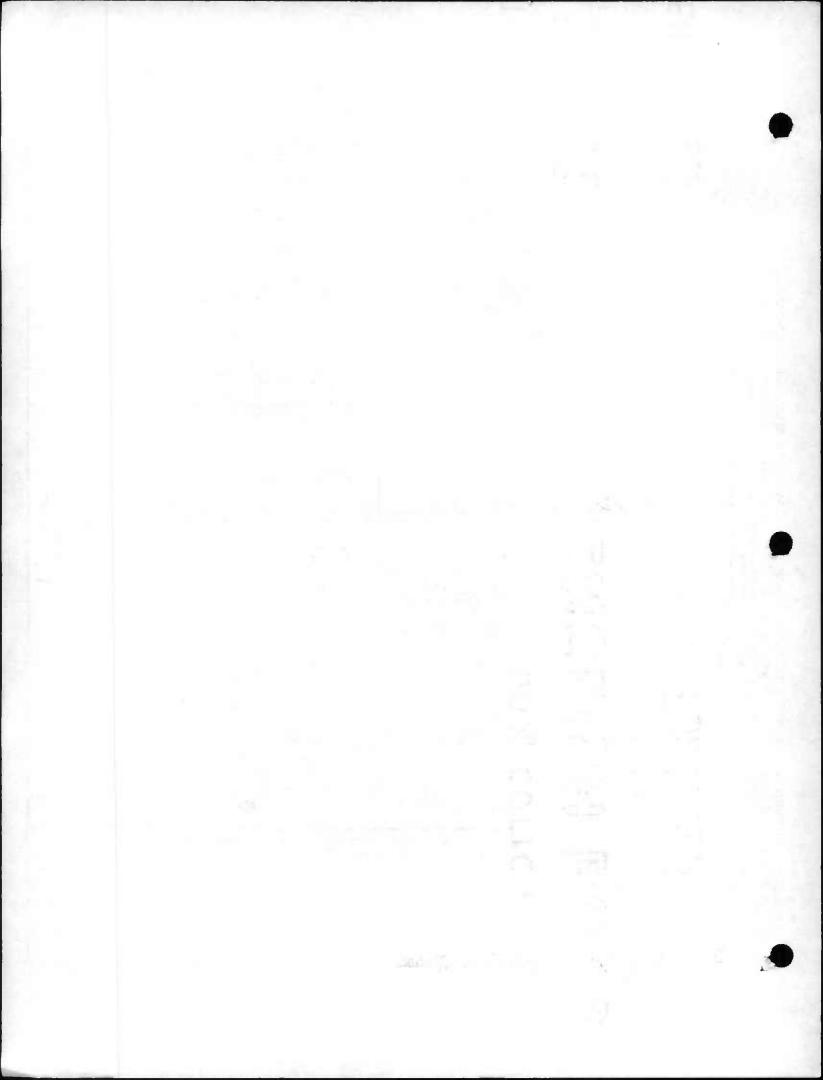
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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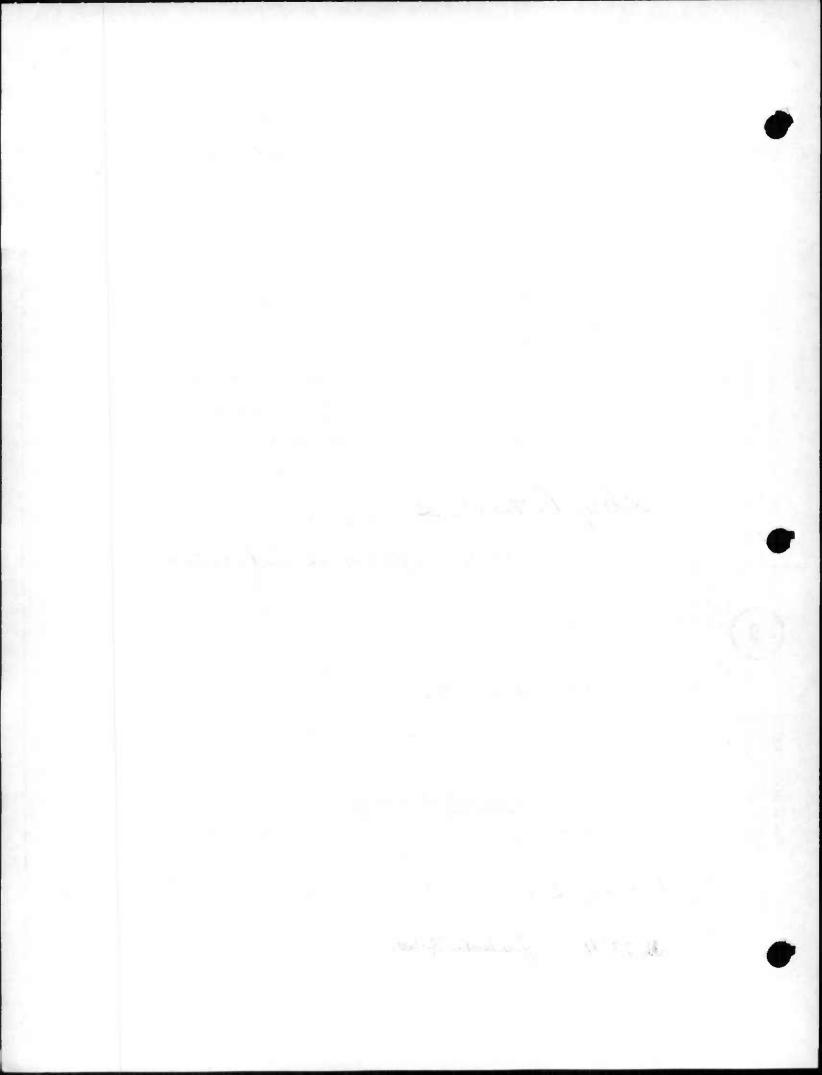
nay be retained by the hospital or attent	; page 5 should be detached for use as	st be notified at once.
nted within 24 hours after death. Page 6	completely filled in by the funeral directo	event, the medical examiner mu
as that to death countcuts be execu	pned to the attending unsician and	shows any plury, or other traumatic event, the medical examiner
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires has the transfer the executed within 24 hours after death. Page 6 may be retained by the hospital or attention	TO THE FUNERAL DIRECTOR: After this certificate has been signed to the minimum more to bridge completely filled in by the funeral director, page 5 should be detached for use as	be ned within 72 hours are death with the State Dept. Of read. IMPORTANT: If item 28 is marked, or item 23 shows any water, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND / DEPART	MENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)		O-Little	OATE OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH	
- 5	Margaret Dewe	es Bark	er			July 27	. 1992		
			6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign	
	170 20 2231	1 🗆 M 2 🔀 F	81 YRS.	MONTHS DAYS	HOURS MIN	Sept 2,	1910	Ohio	
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN C	HTY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH				
DIRECTOR	Meridian Nursi	ng Home		Cent	revil:	le,MD	Q.A.		
) j	10a. STATE 10b. COUNTY			TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
片	MD Ken	t	K	ennedy	ville			1 YES AND	
4	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	Black Statio				2089		US		
	11. MARITAL STATUS 1 Never Merried 2 Merried		EVER IN U.S. ARMED YES 2- NO	If yes, sp		PANIC ORIGIN? (Specify Yellon, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:	
D BY	3 Widowed 4 Divorced			1				White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	Min Do MOT upon	ork done durina mo	en st of working	16b, KIND OF BU	JSINESS/INDUST	RY	
12	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homem			11	ome		
S	17. FATHER'S NAME (First, Middle, Last)			IAKEL	18. MOTHER'S	NAME (First, Middle, Meide			
BE C	Jessie Dewees				Mary	Binns			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e	nd Number or Ru	ral Route Number, City or To	wn, State, Zip Cod	e)	
유	Robert Barker			e as a					
	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremellon 3 Remo	ral from Stale	20b. PLACE AND DATE of cemetary, crematory of	OF DISPOSITION or other place)	(Name 7 / 3)	0/92 200. L	OCATION — City		
	4 Donation 5 Other (Specify)	NSES/	Middletow	n Frie	nds M	tg House	Lima,	PA	
	+ Shari -	7,00	2-2-12:			uneral Hopress St.	me, P.	A. 21651	
\vdash	23. PART I. Enter the physicases, or co	molications that	caused the death. Do no	of enter the mo	W. Cy	press St.	, M1111	ngton, MD	
	shock, of Neart failure. L IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)	at only one cour	SCUD	an	ten	te		Interval Between Onset and Death	
NO	Sequentially list conditions,	Pd	OR AS A CONSEQUENCE OF	RI	eum	ten		lyst	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		d.	no.				į V	
F	thet initiated events resulting in death) LAST	DUE TO	OR AS A CONSEQUENCE OF):	- G				
浜	lesolding in death) EAST								
A.	PART II. Other significent conditions	contributing to	death but not resulting in	the underlyin	g ceuse given		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
					72	1 _ YES		COMPLETION OF CAUSE OF DEATH?	
MEDIC		100					'`	1 _ YES 2 _ NO	
ä		10.5							
PHYSICIAN:		HOSPITAL:		QTHER:	III CARPO	(Check only one)			
₹	1 TYES 2 NO	1 Inpatient 2 I	INJURY 28b, TIME			ce 8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	FD.	
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, De		JRY WO	PRK? YES 2 NO	200. 0200.102 1101	1100111 000011		
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — Al home, ferm, st etc. (Specify)	treet, factory, offic		281, LOCATION (Stree City or Town, Stat	t and Number or F e)	tural Route Number,	
COMPLET	CONTROL ONLY		my knowledge, death occurre amination end/or investigation					ouse(s) end menner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	th-	mo		29c. LICENSE D 17	NUMBER 345	29d. DATE SI	GNED (Month, Dey, Year)	
01	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM 27) (Type,	Print)	Md	2161	7		
2	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE			7		7 5	
5	11 29 197	Julia No	idan Prodelle						



BALLIMONE, MARYLAND	irs after death. Page 6 may be retained by the hosp	n by the funeral director, page 5 should be detached removal.	edical examiner must be notified at once.	
.O. Dev 00100,	th certificate be executed within 24 hou	ending physici in and completely filled la daygiene goor to burial, cremation, or	, or other traumatic event, the me	
The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the alending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Lygiene gon to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury	

1 - 3	FOR STATE REGISTRAR		STATE OF A	MARYLAND /	DEPAR	TMENT	OF HE	ALTH	AND I	MENTAL HYGIE	NE.	16	22911
	CEDENT'S NAME (First,		len Bai		EKIIF	ICATE	OF I	DEA	Н	PEG. No. 2. DATE OF DEATH MONTH July 16		YEAR	TIME OF DEATH A
2.	21-10-60 ACILITY NAME (If not ins	98	5. SEX	6. AGE (In yrs. les 77	YRS.	IF UNDER 1	DAYS	IF UNDER	MIN,	7. DATE OF BIRTH (Month, Day, Year) July 21	,1914	Country)	ACE (State or Foreign
U RES	nion Hos	pital		cil Cou	96. CITY, TOWN OR LOCATION OF DEATH UNITY Elkton,					ATH	9c. COUNT	eci]	
	STATE MD STREET AND NUMBER	Cec	il			y, TOWN OF	ton	ON ZIP CODE				1	Dd. INSIDE CITY LIMITS? YES 2 NO
5 11. M/	114 Cent		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13, W	AS DECE	2191 NDENT O	L3 F HISPAN	IC ORIGIN? (Specify Y		USA	- American Indian.
₹ 3□	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES IS. DECEDENT'S EDUCATION 150.000			AR OR DATES 23	CEDENT'S	USUAL OCC	YES 2	Хио	Specify	16b. KIND OF BI	JSINESS/INDI	Specify:	White
₹	lementary/Secondary (0-		College (1-4 or 5+	·) ////////////////////////////////////	DO NOT US	vork done du ne retired.)	. Fa	rme	r	Fari	nino		
H A1	THER'S NAME (First, Mic rthur P. NFORMANT'S NAME (Ty)	Bail	ev	191	b. MAILING	ADDRESS (Lel	ia	ME (First, Middle, Maide Burke Journ Number, City or To		ordel	
20a. N	Louise Ba	N .		20b. PLACE A	ANDDATE	Same OF DISPOSIT	as	abo			OCATION CH		, Stata
	Donation 5 Other (Zion	Cen	eter 22. N				20,1992 BUTY			
iMME disec	PART I. Enter the die shock, or he EDIATE CAUSE (Fine eas or condition iting in death)	art tellure. L	ist only one ceu:	se on eech line	ath. Do n	ot enter ti	he mode	of dyli	ng, such	eral Hor St., Cer es cordiec or resp	Piratory arres	MD	21913 Approximate interval Batweer Onset and Deatl
CAUS	Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
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25. WA	15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify)												
2 [27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY AT WORK? 1 YES 2 NO 26d. DESCRIBE NOW INJURY OCCURED												
3 Suicide 4 Homicide 4 Homicide 5 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							Number,						
	2 MEDIC	AL EXAMINER	On the besis of ax	amination and/or in	nvestigation	n, in my opie	nion, deat	h occure	d at the ti	ime, data and place, a	nd due to the o	ause(s) an	onth, Day, Year)
30. NAI	Patricia ME AND ADDRESS OF I	PERSON WHO	COMPLETED CAUSE	E OF DEATH (ITEM	1 27) (Type,	Print)			228		▶ /	7/16	, 192
31. DAT	TE FILED (Month Day of	il-Ke		1th Cer	nter	, Ce	cil	ton	MD				



Pages 1, 2, 3 should

permit.

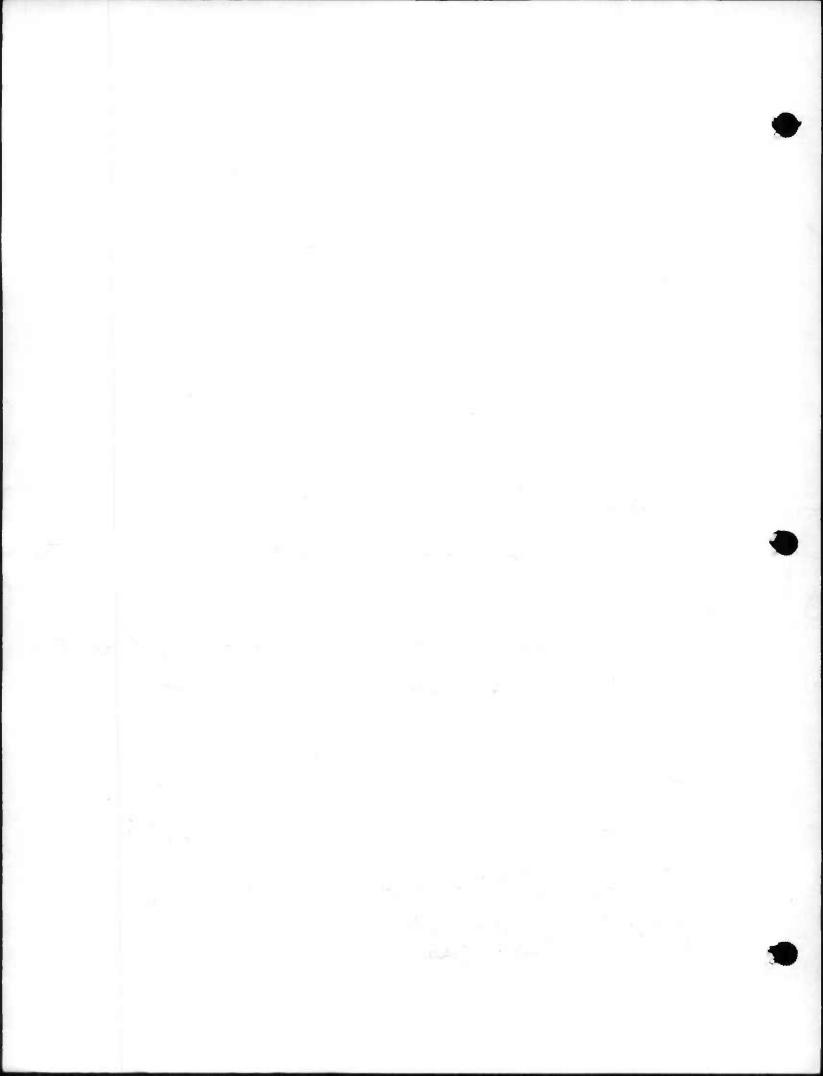
ached for use as the burial-transit hospital or attending physician.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirements death certificate be executed within 2. Julys after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been doned by the amount of physician and completely filled in by the funeral director, page 5 should be detained by the funeral director, page 5 should be detained by the funeral director, page 5 should be detained by the funeral director, page 5 should be detained by the funeral director, page 5 should be detained by the funeral director, page 5 should be detained by the funeral director.	IMPOR

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	FOR STATE REGISTRAR	STATE 0	F MARYLAND / CE		TMENT OF			MENTAL HYGIE REG. 1			
	1. DECEDENT'S NAME (First, I	Middle, Lest)						2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	JOHN HEN	RY BOULTER						July	27 1	992	
	4. SOCIAL SECURITY NUMBER	1	8. AGE (In yrs. las	t birthday)	IF UNDER 1 YEA		24 HRS.	7. DATE OF BIRTH (Month, Day, Year))	8. BIRTH Count	HPLACE (State or Fore
	220-32-0509	1 Q M 2 🗆	88	YAS.	movilio axi			10-1-19	03	MAI	RY1AND
	9a, FACILITY NAME (If not ins	a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION C								UNTY OF D	EATH
DIRECTOR	Rte. #1 Box 50 Skinners Neck-ROckHall Rock Hall										
<u> </u>		10b. COUNTY		I too CIT	Y, TOWN OR LO	CATION	_				10d. INSIDE CITY
<u>E</u>				100.0.1	., 20	0711011					LIMITS?
	Maryland	_Kent		Sk	inners	Neck-	RO	ck Hall			1 YES 2 N
A	10e. STREET AND NUMBER					101. ZIP COOE			10g. CI	TIZEN OF	WHAT COUNTRY?
FUNERAL	Rte. 1 Box	50				2166	51		Ū	J. S.	Α
5	11. MARITAL STATUS	FORCECO	EDENT EVER IN U.S. AR					IIC ORIGIN? (Specify		14. RACI	E — American Indian k, White, etc.
_	1 Never Married 2	Married IF YES, GI	1 YES 2 A	4O		ES 2 NO	Specifi	n, Puarto Rican, atc.)		Spec	,
B	3 Widowed 4 Divon	ced				vvv.					WHTTE

E (State or Foreign AND INSIDE CITY YES 2 NO COUNTRY? merican Indian, ita, atc. THITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) 4th grade Waterman 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth W. Mercer BE James Henry Boulter 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 #1 Box 42 ROck Hall Md. 21661 Jean Dowling 20e. METHOD OF DISPOSITION
1 M Buriel 2 Cremetion 3 Rew
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION - City or Town, State Rock Hall, Md. Chapel Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSIII 22. NAME AND ADDRESS OF FACILITY Tom Helfebein Funeral Home 23. PART I. Enter the disease, or compilections that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate shock, or heart failure. Liet only one ceuse on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Finel** diseese or condition Car Mines Ld recuiting in deeth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially flat conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part 1. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO BY PHYSICIAN: MEDICAL PERFORMED? COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Homa 5 | Rasidanca 6 | Other (Specify) 1 - YES 2 - NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED Could not be 4 Homicide determined 29a. CERTIFIER 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 SUPPLIFIER AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, BE 28 2 21620

31. DATE FILEO (North, Day, Year) Luka Davidson



1992

9c. COUNTY OF DEATH

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)
Washington DC

9:20 AMM

2. DATE OF DEATH MONTH 7 DAY

7. DATE OF BIRTH
5 (Mogth, Day, Your)
5 - 2 - 1931

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

577-42-1659

9e. FACILITY NAME (If not institution, give street end number)

Elizabeth Ann Bowles

5. SEX

1 M 2 X F

1

DIRECTOR	100. STATE 100. COI	unty . Mary's		Mechanicsvii TOWN OF LOCATION Chanicsville			. Mary's				
	10e. STREET AND NUMBER	· Mary S			=		1 TYES 2 X M				
FUNERAL	17 Beach Dr.			101. ZIP CODE 20659		10g. CITIZEN OF WHAT COUNTRY?					
₽	11. MARITAL STATUS 1 ☐ Never Married ※ Merried 3 ☐ Wildowed 4 ☐ Divorced	12. WAS DECEOENT EVER IN U. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATE:	2X NO	13. WAS DECENDENT OF HISI If yee, specify Cuben, Max 1 YES XXNO Spec	tican, Puerto Ricen, etc.)	Ify Yee or No— 14. RACE — American Indian, Black, White, etc. Specify: White					
ETED	15. DECEDENT'S (Specify only highest g	EDUCATION 16 rade completed)	(Give kind of wo	SUAL OCCUPATION ork done during most of working	16b. KIND OF E	USINESS/IND					
교	Elementary/Secondery (0-12)	College (1-4 or 5 +)	HOUSEW	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Но	me					
COM	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Maide						
BE	Turner Perki	ns	10h MAII INC A		Elizabet						
TO B	Joseph B. Bo	wles, Jr.	17 B	each Dr., Me	el Route Number City or R EChanicsi	VIIIe,	, od Md. 20659				
	20s. METHOD OF DISPOSITION Surfal 2 Cremation 3 F Donation 5 Other (Specify)			DISPOSITION (Name of Cemete)	OATE 20c. I	intor	City or Town, Stata				
	21. SIGNATURE OF FUNERAL SERVICE			22. NAME AND ADDRESS OF							
	Benjamin	Matthews MOO	658	P. O. Box		lorf,	Md. 20604-				
ATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST Last one cause of line. Interval Between Onset and Death Due to (or as a consequence of): Oue to (or as a consequence of): Oue to (or as a consequence of):										
RTIFIC	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C									
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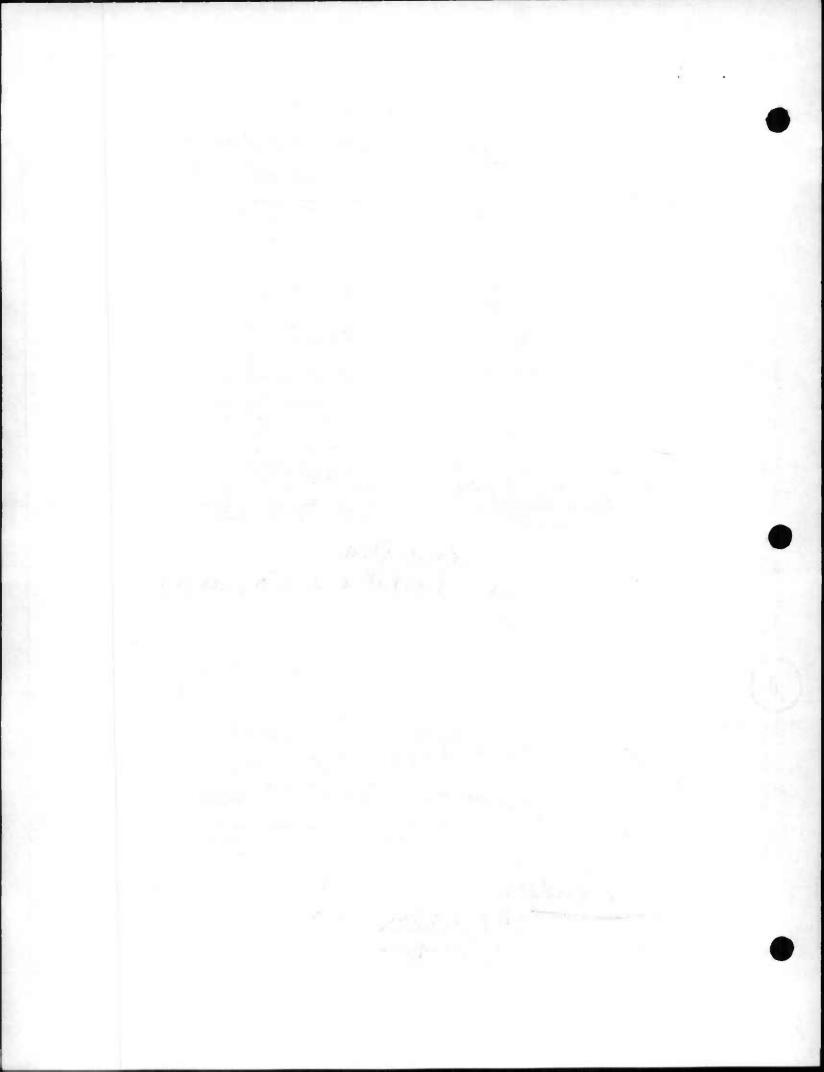
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (in yrs. lest birthday) 61 YRS.



BALTIMORE, MARYLAND 21203-3146

MTAL RECORDS, P.O. BOX 13146,

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FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.		
1, DECEDENT'S NAME (First, Middle, Lest) PATRICIA	L	BEAVER		2. DATE OF OEATH DAY	YEAR 1992	3. TIME OF OEATH 8:52 P M
4. SOCIAL SECURITY NUMBER 220=52=5081	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 3, 194	0. BIRTH	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give a			CITY, TOWN OR LOCATION OF D		9c. COUNTY OF C	DEATH
THE JOHNS HO			BALITMORE CITY	7	BALITM	
MD.	BALTIMORE					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 4719 BUTLER RD. 101. ZIP CODE 21071 109. CITIZEN OF WH U.S.A						
						E American Indian, k, White, atc. WHITE
15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		16e. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) SECRETARY		185. KIND OF BUSINESS/INDUSTRY CHURCH		
SECRETARY CHURCH 17. FATHER'S NAME (First, Middle, Last) PAUL D. STEVENS RUTH KRATZ						
19a. INFORMANT'S NAME (Type/Print) RAYMOND E. BE	AVER	1954719 B	ORESS (Street and Number or Rura OTLER RD. GLE	NDON, MD. 2	State, Zip Code) 1071	
20e NETHOD GE DISPOSITION 1 Disurial 2 Naremation 3 Removal from State 4 Donation 5 Dother (Specify)						own, State G, MD.
21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME AND ADDRESS OF F			REISTERSTOWN S MILLS, MD.
IMMEDIATE CALISE (Final	List only one cause on	each line.	,	ch as cardiac or reapin	atory arreat,	Approximate Interval Between Onset and Death
	B. Cardiac arrest 10 min DUE TO (OR AS A CONSEQUENCE OF): B. 6/16 blas toma DUE TO (OR AS A CONSEQUENCE OF):					3415
cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. DUE TO (OR AS A CONSEQUENCE OF): d.					
PERFORMED? NAILABLE PI COMPLETION OF DEATH?						MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		26. PLACE OF DEATH (C	Check only one)		
1 YES 2 NO Nortent 2 ER/Outpatient 3 DOA 4 Nursing Home 8 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28d. OESCRIBE HOW INJURY OCCUREO 1 YES 2 NO NO NO NO NO NO NO						
2 Account	The street factory office 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28b. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) City or Town, State)					
CONSUM OTHER			it the time, date and place, and di			(s) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	1 M		29c. LICENSE N		29d. DATE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI			optins 1		, /	
31. DATE FILED COMP. Of V. 1969	32. REGISTRANS SK	GVATURE Rondella				

J. M. Louis A. M.

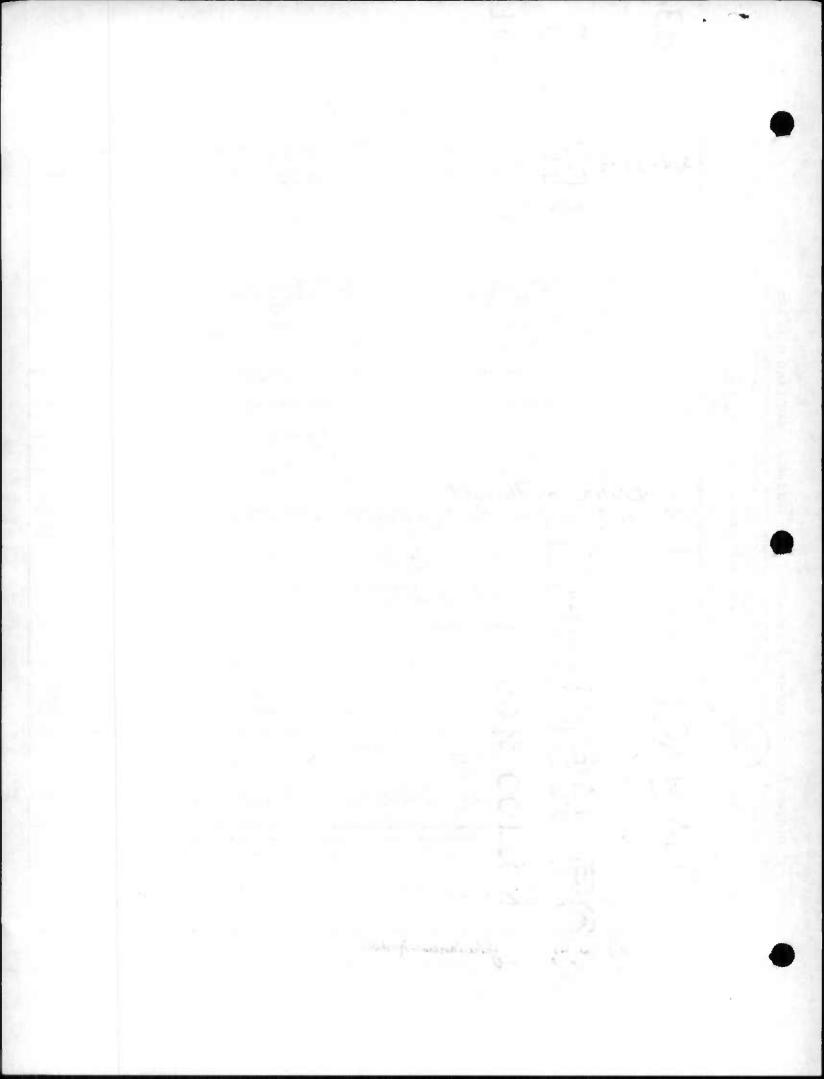
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day,

'92

32. REGISTRAR'S SIGNATURE

	500							-	2 2	2915
	1 - STATE REGISTRAR	STATE OF MARYLAND /		RIMENT OF I			REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE	OF DEATH	v	YEAR 3.	TIME OF DEATH
	Eula Gay	Bull					8 -05			2:57pm M
- 1		SEX 6. AGE (In yrs. les	l birthday)	IF UNDER 1 YEAR	IF UNDER 24	49.4 · · · ·	OF BIRTH		a. BIRTHPLA Country)	ACE (State or Foreign
	a14-34-3/36 1	□M ² √F 69	YRS.	MONTHS DAYS	HOURS N		3-22			Virginia
	9e. FACILITY NAME (If not institution, give stree			9b. CITY, TOWN	OR LOCATION			9c. COU	NTY OF DEAT	
0 8	11010 Bethesda Ch	urch Road		Damas	cus			Mo	ontgom	ery
<u>မ</u> ၂	10a. STATE 10b. COUNTY	10c, CIT	Y, TOWN OR LOCA	TION		-		10	d, INSIDE CITY	
DIRECTOR	Maryland Mont	gomery		Damascu	S					LIMITS?
F	10e. STREET AND NUMBER			10	1. ZIP CODE			10g. CITI	IZEN OF WHA	T COUNTRY?
E	11010 Bethesda	Church Road			2087	2		U	J.S.A.	
FUNERAL		2. WAS DECEDENT EVER IN U.S. AR	MED			IISPANIC ORIGIN			14, RACE -	American Indien,
BY F	1 Never Merried 2 Merried 3 Widowed 4 X Divorced	FORCES? 1 YES 2 NIF YES, GIVE WAR OR DATES	40		ecity Cuben, R	Nexican, Puerto Specify:	Ricen, etc.)		Specify:	White
	15. DECEDENT'S EDUCAT	TON 160 DE	CEDENTS	USUAL OCCUPAT	ON	Tank	. KIND OF BUS	INESS/INF	HIGTOV	WIIICC
COMPLETED	(Specify only highest grade con	mpleted) (Q	live kind of	work done during m se retired.)	ost of working	100	, KIND OF BO	INESSTING	JOSINI	
린	8		I	Homemake	r		Do	mest	ic	
Š	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER	'S NAME (First,	Middle, Meiden	Sumame)		
BEC	Emory E. Clift	on				Letha H	lammer:	ick		
	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
임	Mrs. Shirley Roth 11010 Bethesda Church Road Damascus, MD 20872									
	20e. METHOD OF DISPOSITION 20b. PLACE AND GATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State									
	Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland Sykesville, Maryland									
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME A	ND ADDRESS	OF FACILITY				
	→ Brian ×	. Haight				NERAL H e, MD 2				
	23. PART I. Enter the diseases, or cor	nplications that caused the de	eth. Do							Approximate
	ahock, or heert fellure. List only one cause on sech line. IMMEDIATE CAUSE (Final									Interval Between Onset and Death
	disease or condition 51									2
	DUE TO (OR AS A CONSEQUENCE OF):								Jus	
_]	disease or condition resulting in death) a. Externia Live metrotain DUE TO (OR AS A CONSEQUENCE OF): Conditions DUE TO (OR AS A CONSEQUENCE OF):									
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ĒΙ	resulting in deeth) LAST									
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7	PART II. Other eignificent conditions	contributing to deeth but not r	reaulting	In the underlyle	ng cause giv	en In Part I.	24a, WAS AN PERFOR			ERE AUTOPSY FINDINGS
ठ	Recent CVA						1 TYES 2		C	OMPLETION OF CAUSE F DEATH?
MEDICAL								x		YES 2 NO
=	7.7									
E	25. WAS CASE REFERRED TO MEDICAL			26, 1	LACE OF OEA	TN (Check only o	ne)			-
5		HOSPITAL:	AOU DO	OTHER:						
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJURY	7					NJURY OC	CURED	
ā	27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF NJURY WORK? 1 YES 2 NO 26d. DESCRIBE HOW INJURY OCCURED									
ВУ	2 Accident Investigation	28e. PLACE OF INJURY At he	ome ferm				CATION (Street	and Numba	e or Burn! Bou	to Mumber
COMPLETED	3 Sutcide 6 Could not be 4 Homicide determined	building, etc. (Specify)	J.110, 141111				or Town, State;		TO THOU	te Humou,
E	29e. CERTIFIER 1 CERTIFYING PHYSICIA	Mr. To the first of our bounds do at	An. 22			a la companyo		No.		
A P	(Check only	AN: To the best of my knowledge, de								ad manage as et at d
8	WEDICAL EXAMINER:	On the basis of examination end/or	-rivestigat	ion, in my opinion,	wearn occured	et the time, dat	e ena piace, ei	ru que to t	ne cause(e) e	rea manner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER	0 10	1	2	29c. LICENS			29d. DAT	TE SIGNED (M	forth, Day, Year)
	Child ?	Della	we		01	3832			CAU	282
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OEATH (ITE	M 27) (Typ	e, Print)						7



mal-transit permit. Pages 1, 2, 3 should

	Page	di	10
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, miled in by the funeral dir be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner
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_	1 - STATE REGISTRAR		STATE OF N	MARYLAN		TMENT OF H	EALTH AND ME DEATH	NTAL HYGIEN REG. NO		92 22916
	1. DECEDENT'S NAME (Flist) HUB	FR1	- TH	EOD	ORE	CC	OH "	MONTH UC	2.19	3. TIME OF DEATH
	216-24-	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs., last birt) 9. FACILITY NAME (If not institution, give street and number)					HOURS MIN.	Month, Day, Year)	1929	8. BIRTHPLACE (State or Foreign Country) PRESENTED TO STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST
DIRECTOR	79 W 6	DEE	U ST			WES	TMIN	STER	9c. COUN	PRIZOLL
EC	10e. STATE	10b. COUNTY			10c. CITY	r, TOWN OR LOCATI	ON			10d. INSIDE CITY
	MD	Ca	arroll			Westmi	nster			1 X YES 2 NO
3AL	10e. STREET AND NUMBER					101.	ZIP CODE			EN OF WHAT COUNTRY?
FUNERAL	79 W. GI	reen l	Street	T 5150 (1) 11	0.40450	40 1110 050	21157			S.
B	1 Never Merried 2 3 Widowed 4 Dive		FORCES? 1	YES TO TO	2 NO		ENDENT OF HISPANIC city Cuben, Mexicen, I 2 NO Specify:		e or No—	14. RACE — American Indian, Black, White, etc. Specify: White
וב	15. DEC	CEDENT'S EDU	CATION completed)	16	DECEDENT'S	USUAL OCCUPATIO	N at of working	18b. KIND OF BU	JSINESS/INDU	ISTRY
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BE CO	17. FATHER'S NAME (First, A Hubert	Coc	ok					Cumming	S	
2	190. INFORMANT'S NAME (nd Number or Rural Rou			
	Mrs. Lois		Κ	I ago m						er, MD 21157
	1 Burlel 2 Crematic	on 3 🗆 Rem	oval from State	ot	ther place)	Name of cen	emetery			ister, MD
	21. SIGNATURE OF FUNERA	***	CENSEE	- De	ust c.	22. NAME AN	D ADDRESS OF FACIL	ITY		
	>		ert K.				tts Fun			Chapel stminster. MD
CERTIFICATION	immEDIATE CAUSE (Fidisesse or condition resulting in death) Sequentially list conditions, it any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injusta initiatad events resulting in death) LAS	tiona, odlete ling	· ART	EM	DNSEQUENCE OF	EROTI	PIAC I RY DI C CAP	SEASI		TON 5 YEARS
MEDICAL	PART II. Other algorific	ent condition	ns contributing to	deeth but	not resulting	in the underlying	g ceuse given in Pa	24a. WAS A PERFC	ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
PHYSICIAN:	1 TYES 2 NO		1 Inpatient 2		ent 3 🗆 DOA		e 5 🗆 Residence 8			
	27. MANNER OF DEATH	Panding	28e. DATE Of (Month, I	Pay, Year)	28b. TIM	URY WO	RK?	ed. DEŞCRIBE HOW	INJURY OCC	URED
ED BY	1						201. LOCATION (Street and Number or Flural Route Number, City or Town, State)			
COMPLETED	one)		Control Control				end place, end due to			ed. s cause(s) end manner se stated.
TO BE C	29b. SIGNATURE AND TITL	ز لع	we	Del	21 1	10	D 114	19b	29d. DATE	SIGNED (Month, Dey, Year)
	DANIE	L I	WEL	LI V	ENL (TEM 27) (Type	M.D.	WES	SHING THIN	CTT	E 18 211
	31. DATE FILED (Nooth, Day	6 92	32. REGISTR	LA DAVIS	Party - Hand	all.				

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BALTIMORE, MARY	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by
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TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT. If item 21

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29b. SIGNATURE AND THEFTOE CERTIFIER

Jack P

31. DATE FILED (ANTI) Cy. () any

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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	permit	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or amending personnel.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bursal cranist within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	
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V: The law	cate has State Dep	Item 23
HYSICIA	this certifi	ked, or
ENDING F	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
. OR ATT	DIRECTC hours aft	item 28
HOSPITAL	FUNERAL within 72	TANT: IF

Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Maude V. Carr 1992 YEAR 5-4 SOCIAL SECUDITY NUMBER 8. AGE (In yrs. last birthday) S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS Country)
Maryland 1 - M 2 - F YRS 220-30-6851 81 1-19-1 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel Medical Ctr. DIRECTOR Anne Arundel Annapolis, RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Md. Anne Arundel Annapolis NEXYES 2 NO 10s. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11101/2 Mitchell St. 21403 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican. etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: Speedly: White BY 3 🔯 Widowed 4 🗌 Divorced COMPLETED 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Farm Supply Co. Bookeeper 7 2 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Walter A. Whittington BE Irene E. Garrison 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Virgil H. Carr, Box 29381 Goldsboro, N.C. 27534 20a. METHOD OF DISPOSITION
1 © Burlel 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 1 Suriel 2 Cremation 3 4 Donation 5 Other (Specify) competery, crematory Meditar place) Cemetery 8/ Annapolis, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel Annapolis, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween IMMEDIATE CAUSE (Fine) Onset and Daeth Ciardelo pulminary ATTOS disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) numer PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 25. PLACE OF DEATH (Check only one) EXAMINER HOSPITAL: OTHER: 1 | YES 2 | NO 1 | Inpetiant 2 | ER/Outpatient 3 | DOA ng Home | 5 | Rasidenca | 6 | Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident Investigation 28a. PLACE OF INJURY - Al homa, farm, streat, factory, office 251. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 🗌 Homicide 29e. CERTIFIER
(Chack note) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(e) and menner as stated. beals of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as steted. 2 MEDICAL EXAMINER: On the

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

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	OSPIT	INER	thin	N.
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or seven	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for users.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MP

	1 · STATE REGISTRAR	STATE OF I	WARYLAND / CE	DEPART	MENT OF	HEALTH AND	MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	F DEATH DAY	YEAR	3. TIME OF DEATH
	Bill		Ray		Crawfo		08	011	992	10:30 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX (NOXM 2 ☐ F	6. AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 HRS	(Month, I	Day, Year)	Country	
	214-88-4145	YRS.			02-0	05-64	_	ryland		
œ	Sa. FACILITY NAME (If not institution, give				Annapol	OR LOCATION OF	DEATH	9c. CO	UNTY OF DI	EATH
DIRECTOR	Anne Arundel Gene	Anne Arundel General Hospital						Ann	e Aru	ndel
E	10a. STATE 10b. COUNT	10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY		
	MD Anne	1	Arno	ora					LIMITS?	
FUNERAL	10e. STREET AND NUMBER		10	1. ZIP CODE		10g. C	ITIZEN OF W	HAT COUNTRY?		
l lij	819 Ruxshire D			21012			USA			
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM	ED	13. WAS DE	CENDENT OF HIS	PANIC ORIGIN?	Specify Yes or No-	14. RACE	- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES			2X NO Spe		ant, etc.)	Specifi	
	15. DECEDENT'S EDU			FOENT'S II	SUAL OCCUPATI	ON	Tank W	212 25 211221522		WILLE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(G/M	kind of wo	rk done durina m	ost of working	16b, K	IND OF BUSINESS/II	NOUSTRY	
7	12	Conege (1-4 or 5		rema	an .			Constru	ation	
8	17. FATHER'S NAME (First, Middle, Last)		9.	I CINC	411	18. MOTHER'S		dle. Maiden Sumeme		1
BE C	Galen Ray Craw	ford						enna Jei		
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DDRESS (Street			City or Town, State, 2		,
2	Debra Crawford							cnold, I		21012
	20s. METHOD OF DISPOSITION 15-3-Burlel 2 Cremation 3 Rem	Cana	20h PLACE AN	DOATEOE	DISPOSITION /A/	ama of	DATE	200 LOCATION	Chi as Ta	wn, State
	4 Donation 5 Other (Specify)	IOVAI From State	Maryl	atory or other	Veter	ans Ce	m.	Crowns	svill	Le, MD
	21. SIGNATURE OF PUNERAL SERVICE LI	CENSEE			22. NAME.A	ND ADDRESS OF	FACILITY	Home,	РΔ	
	Day H	with						Annapol		
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARDIAC ARRHYTHMIA DUE TO (OR AS A CONSEDUENCE OF): b. DUE TO (DR AS A CONSEDUENCE OF):									Onset and Death
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO	(OR AS A CONSEQU	ENCE DF):						
AL C	PART II. Other significant condition	e contributing to	death but not res	sulting in	the underlyin	g cause given	In Part I, 2	Ia. WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDIC								PERFORMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. P	ACE OF DEATH	Check only one)			
Sic	1X YES 2 □ ND	HOSPITAL: 1 □ Inpatient 2 □	XER/Outpatient 3		OTHER:	e 5 🗆 Residenc	e 8 🗆 Other (5	loecify)		
BY PHYSICIAN:	27. MANNER OF DEATH 1) Natural 2 Accident Investigation	28a. DATE OF (Month, D		28b. TIME (OF 28c. IN.	URY AT PRK? YES 2 NO		IBE HOW INJURY O	CCURED	
	2 Accident 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.									
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	D. Ch	ut mo			29c. LICENSE N		29d. DA		(Month, Day, Year) 2/1992
F	30. NAME AND ADDRESS OF PERSON WH	DOMPLETED CAUS						Maryland		
	31 AUG 0 6 1992 g	2. REGISTRA	PERSONAL E					1 00000		

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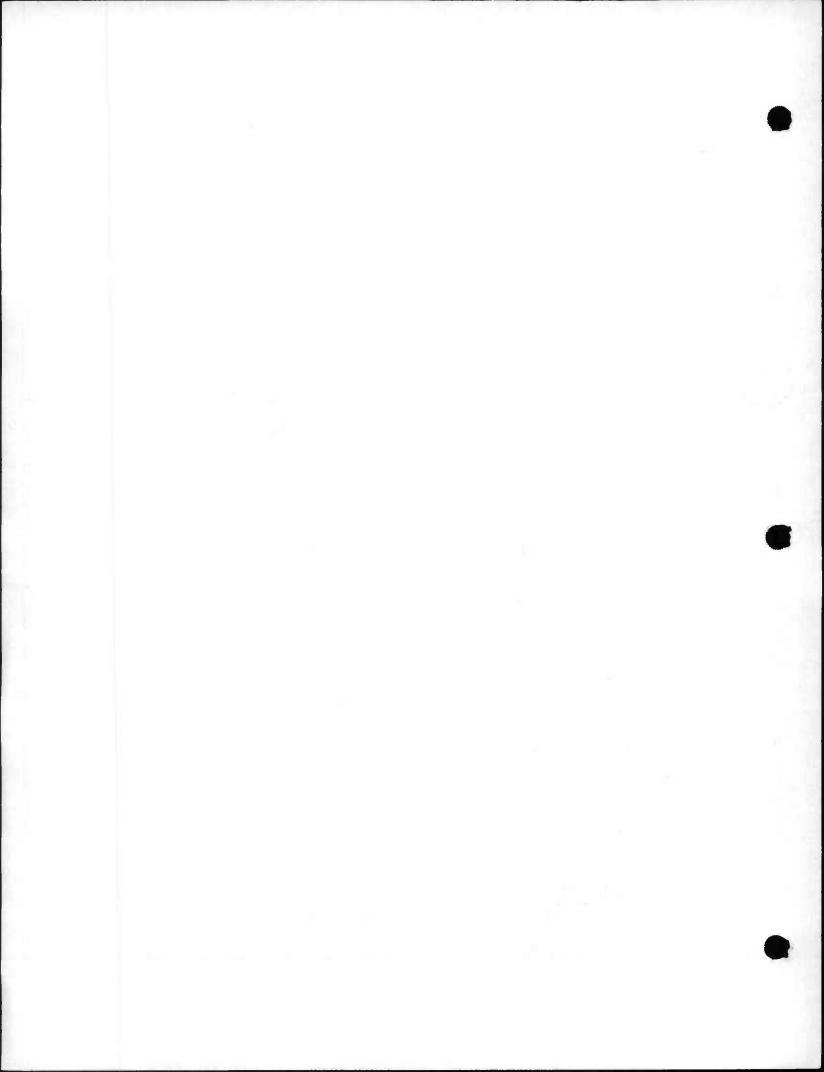
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIFIC	CATE C	F DEATH		REG. NO.			
18	1. DECEDENT'S NAME (First, Middle, Li	nst)				0	2. DATE O	OF DEATH		MEAN	3. TIME OF DEATH
	Priscilla Lyne	tte				Cook	July		19	92	1224
	4. SOCIAL SECURITY NUMBER 215 78 5094	1 □ M 2 □ F	8. AGE (In yrs. Ia	YRS.	IF UNDER 1 YE.		7. DATE 0 (Month, 9-15	E BIRTH Day, Year) -1963		8. BIRTHI Country Md.	PLACE (State or Foreign
OR	90. FACILITY NAME (I' not institution, gi PENINSULA REGIO	NAL MEDICA	L CENTI	ER	SAL	VN OR LOCATION OF D	EATH		WIC	OMICC	АТН
DIRECTOR	RESIDENCE OF DECEDENT			1.0 0000						_	
E I		comico			isbury						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	COMITCO		Dal.	ISUUL	101. ZIP CODE					1 X YES 2 NO
FUNERAL	Snowhill Road					21801			J	JSA	HAI COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	MAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO HISPANIC If yes, specify Cuben, Mexican, P T YES, GIVE WAR OR DATES 1 YES 2 NO Specify:			an, Puerto Ri	(Specify Yes can, etc.)	or No—	14. RACE Black, Specify	- American Indien, White, atc. Black	
3	15. DECEDENT'S I (Specify only highest g			ECEDENT'S U		ATION most of working	16b. I	KIND OF BUSI	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT use	retired.)	most or working					
Ž	N/A 17. FATHER'S NAME (First, Middle, Last)		NC	ne				None			
	Albert Cook					18. MOTHER'S NA				21010	married)
BE	19e. INFORMANT'S NAME (Type/Print)		10	h MAII ING A	DODESS (Sta	net and Number or Rural	-				married)
2	Alice Kimble					low Apt. 8					3
	20e. METHOD OF DISPOSITION		20b. PLACE	ANDDATEOF	DISPOSITION	I (Name of	OATE	_		City or Tow	
	1 Buriel 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	Easte:	rn Sho	re Cr	ematorium	7-28				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	William	W 1/5	11			rt Funeral Box 204		-		040	
	anock, or heart failure. List only one cause on each line.										Approximate interval Between Onset and Daeti
ATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING	- a Ceci	OR AS A CONSE	roli	ulu	4					~6-10da
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c DUE TO (O	OR AS A CONSE	OUENCE OF):							
CAL	PART II. Other aignificent condit	ions contributing to d	eath but not	reauiting in	the underi	ying ceuse given in	Part i. 2	4a. WAS AN A			WERE AUTOPSY FINDINGS
MEDIC	Grebral	Dalsi	Intal	1 U YE					ES 2 NO OF DEATH?		COMPLETION OF CAUSE
	. 0										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THER:	PLACE OF DEATH (Ch	neck only one)				
XS	1 TES 2 NO	1) Inpatient 2 🗆 E		DOA 4	☐ Nursing i	Iome 5 - Residence	_				
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		Year)	286. TIME (M 1	INJURY AT WORK? YES 2 NO	28d. DESC	RIBE HOW IN	JURY OCC	CURED	
	3 Suicide 6 Could not 4 Homicide determined		INJURY — At ho c. (Specify)	eme, farm, stre	et, lectory, c	ffice		TON (Street en Yown, State)	d Number	or Rural Ro	ute Number,
COMPLET		VSICIAN: To the best of m									end manner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIF	A Duch	M	D		29c. LICENSE NUI	MBER 567	,	29d. DATE	SIGNED (Month, Dely, Year)
	NICHOLAS J.	DUDAS	OF GEATH (ITE	E, CAN	erina) Row	51. St	44581	TRY .	MD	21	801
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR									
. 1	JUL 2 9 1992	Julia Davidson	-Mandell	6							

BALTIMORE, MARYLAND 21215-0020 offer death. Page 6 may be removed by Proportion or attending physicia

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Las	0)					OF DEATH		3. TIME OF DEATH
	GEORGIA ELIZ	ABETH CARE	EY			JUL		1992	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	7. DATE (OF BIRTH	8. BH	RTHPLACE (State or Foreign untry)	
	214-10-7106	1 🗆 M 2 😾 F	MONTHS DAYS		(Month, Dey, Year) Country) 2/14/1919 Maryland				
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D			COUNTY O	
DIRECTOR	516 Hayward A	venue	4 - 2	Fruit	land			Wicor	nico
EC	10a. STATE 10b. COUN		10c, CIT	, TOWN OR LOCA	TION				10d. INSIDE CITY
등	Maryland Wic	omico	F,	uitlar	5				LIMITS? 1 TYES 2 NO
	10e. STREET AND NUMBER	OMITO			f. ZIP CODE		10	g. CITIZEN O	F WHAT COUNTRY?
ER/	516 Hayward A	venue			21820	6		T	I.S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I			CENOENT OF HISPA	NIC ORIGIN		No 14. R.	ACE American Indian, lack, White, atc.
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			ecify Cuban, Maxico 2 NO Specif		ilcan, atc.)		pecify:
ВУ									nite
COMPLETED	15. DECEDENT'S Et (Specify only highest gra		16a. DECEDENT'S (Give kind of v	USUAL OCCUPAT work done during m e retired.)	ON ost of working	16b.	KIND OF BUSINES	SS/INDUSTR	Y
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)				-	Own Ho	0 m 0	
M	12 17. FATHER'S NAME (First, Middle, Last)		Housev	TIE					
						-	Middle, Meiden Sum nie Paj		
BE	Clarence Nibl 19a. INFORMANT'S NAME (Typo/Print)	ett	100 11411 1110	4000000 (Om-1	Mal CII				
2		2402							The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa
	Constance LeC		b. PLACE AND OAT		dge Rd.	• Eat			Town, State
	132 Buriet 2 Cremetion 3 Re 4 Donation 5 Other (Specify)		cemetary, crematory pringhi			8/2	Hebro		
	21. SIGNATURE OF FUNERAL SERVICE		pringii.		ND ADDRESS OF F		Hebr	JII , I	110
	· Lugar	1 C Bay	mas	Pour	de Pu '	705	E Wain	CT C	Salisbury MI
	23. PART I. Enter the diseases, o	r complications that cause	d the death. Do r						Approximate
		e. List only one ceuse on e	eech line.		2001			1000	Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	Moderate	str. C.	-1.1					Olisot allo Seatri
	resulting in death)	a. Metasta DUE TO (OR AS	A CONSEQUENCE OF	P: \	7				
-				6	/				
흔	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):			-		
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	c							
트	that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):					
CERTIFICATION	recuiting in death) LAST	d							
	PART II. Other eignificent conditi	ons contributing to deeth	but not regulting	in the underlyl	a ceuse alven in	Part I.	24a, WAS AN AUT	TOPSY	24b. WERE AUTOPSY FINDINGS
CAL	COPD						PERFORMET	0?	AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						_	1 TYES	NO	OF DEATH?
						— 1			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.1	LACE OF OEATH (C	back only or	na)		
를 등	EXAMINER?	HOSPITAL:	and a Door	OTHER:	1	-V			
4	27, MANNER OF DEATH	28a. DATE OF INJURY	_	4 Nursing Ho	ne 5 N Residence		SCRIBE HOW INJU	RY OCCURE	
	1/Natural 5 Pending	(Month, Day, Year)	28b. TIN		ORK? YES 2 NO				
ВУ	Accident Investigation	28s. PLACE OF INJUR	Y — At home, farm,			281. LOC	ATION (Street and a	Number or Ru	ral Route Number,
ED	4 Homicide determined	De building, etc. (Spe	ecify)				or Town, State)		
9	29a. CERTIFIER	VALCUARY To the best of an in-		. a calant act. on	Tanahan Tanah			bi uma	
COMPLET	(Critical orliny	YSICIAN: To the best of my know INER: On the beste of exemination							se(e) and manner as stated
8									
BE	296. SIGNATURE AND TITLE OF CERTIF	101			7/2)	Ton	29/05 2	d. DATE SIG	NED (Month, Day, Year)
10	30. NAME AND APPRESS OF PERSON	WHO COMBI ETED CALLOS CO.	CATH MYPM AT C	(Print)	1/2/	170		1	10/174
	JU. HAME AND ADDRESS OF PERSON	// // All A	4	10 0	ca (2 /	11	1 3	ICm I
	31. DATE FILED (Morith, Day, Mars)	T WANT 12 STOM		ilford.	71	>ali:	SNI	0	1001
2	JUL 3 1 1992	FINE LANGE SIG	Harland						

TO THE HOSPITAL OF ATTENDING PHYSOLON THE BAY RECOVER THE OBJECT OF CONTRACT OF THE HOSPITAL OF THENDRING PHYSICIAN.	TO THE FUNERAL CHECTOR. After the common machine by the annualing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours and death with the Saye Depart of Human and Machin Hydiene prior to burial, cremation, or removal.	consequences.
	23	5

	for STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			ENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) FREDERICK	Frederick A. A. CULVE	Culver :	II	2	B. DATE OF DEATH DAY	YEAR 92	
	4. SOCIAL SECURITY NUMBER 215.40-8710 9a. FACILITY NAME (If not Institution, give stre	5. BEX 6. AGE (In y)	7 YRS. MON 9b.		HOURS MIN.	DATE OF BIRTH (Month, Day, Year)	9c. COUNTY OF	
RECION	3814 Spring Meado	w Drive		Ellico	tt City		Howa	rd
5	Maryland Howar	d		COTT C				10d. INSIDE CITY LIMITS? 1 YES 2 KNO
FUNERAL	3814 Spring Meado	w Drive			21042		U.S	·A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATE	2 NO	If yes, spe	ENDENT OF HISPANIC celly Cuban, Maxican, 2 NO Specify:	ORIGIN? (Specify Yes Puarto Rican, atc.)	В	ACE — American Indian, lack, Whita, atc. pocify: White
COMPLETED	1s. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)		Give kind of work life. Do NOT use ret	IAL OCCUPATIO done during mo- tired.)	N st of working	Westingle Air Space	nouse	
200	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME	E (First, Middle, Maiden S		TACLS
H H	Charles F. Culv	er	T 105 MARI INO ADI	DRESS (Street o	Helen 1	Main ute Number, City or Town	State Tin Code)	
2	Jane Culver		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					Md. 21042
	20a. METHOD OF DISPOSITION 1. Donation 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from Stata of	LACE OF DISPOSITION (In place) John s	ON (Name of cent	netery, cremetory or	20c. LOC E11j	CATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LICE HARRY H	1-1-1		ARRY I		FUNERAL F		City.Md.2104
RITEICATION	23. PART I. Enter the diseases, or contained the second tion resulting in death) Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Lat Drily one Cause Dri each	ONSEQUENCE OF:	_	ne fas fa se		atory erreat,	Approximeta Interval Betwaen Onset and Death
MEDICAL CE	PART II. Other algnificent conditions	contributing to death but	not resulting in t	he underlyin	g cause given in P	art I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpati		THER:	ACE OF DEATH (Chec			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Ibar)	26b. TIME O	y Wo	URY AT HRK?	28d. DESCRIBE HOW II	A OCCURE	
	3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJURY building, etc. Specify	At home, ferm, stre	et, factory, offic	a	201. LOCATION (Street a City or Town, Safe)	and Number or Ru	rel Route Number,
COMPLETED	(Critical Orliny	CIAN: To the best of my knowled R: On the basis of examination a						ise(s) and menner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Plean S	Chlas	m	29c. LICENSE NUM D 1049	BER 9	29d. DATE SIG	NED (Month, Day, Year)
ř	D. William Sch		9 E. C	CHASE	ST B	ALTIMORI	E,MO	03/92
	31. DATE FILED (Month, ANG 4 9	2 32. REGISTRAR'S SIGNAT	William Ha	notette.				

YEAR

10g. CITIZEN OF WHAT COUNTRY? USA

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY 1 - YES 2 NO

14. RACE — American Indian, Black, Whita, etc.

White

Claymount Is Del.

Approximate **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

Md

3.47 P

2. DATE OF DEATH MONTH DAY

7. DATE OF BIRTH (Morth, Day, Year) Dec. 17,

- 92

1916

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

15-01-1022

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shoul	1 9	9a. FACILITY NAME (# 1	not institution, give :	street and number)		91	b. CITY, TO	WN OR LOCATION OF D	EATH		9c. COUNT	TY OF OEATH	
2,3	DIRECTOR	RESIDENCE OF	DECEDENT	Memorial H	ospita	1	Eas	ton, MD 2	160	1	т	albot	
iges 1,	JEC	10a. STATE	10b. COUNT	Υ		10c. CITY, T	OWN OR L	OCATION				10d. INSID	
physician. burial-transit permit. Pages		Md.		chester		Rel	lian	се				1 TYES	
per	FUNERAL	10e. STREET AND NUM		-				10f. ZIP CODE			10g. CITIZI	EN OF WHAT COUN	
in. ansit	Ä		Reliar	nce Trail	er Pa	rk		21632				USA	
ysicia vial-ti	5	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDENT EV FORCES? 1	YER IN U.S. AR	MED		OECENDENT OF HISPA			or No- 1	4. RACE - America Black, White, etc.	
	B	3 Widowed 4	_	IF YES, GIVE WAR	OR DATES A			YES 2 NO Specif		line seed time.		Specify: Whi	
by the hospital or attending physician be detached for use as the burial-traat once.	60		DECEDENT'S EDU			CEDENT'S US			10	56. KIND OF BUS	INESS/INDU		
for us	1	Elementary/Seconda	y only highest grade bry (0-12)	College (1-4 or 5+)	(G life.	ive kind of work . Do NOT use re	t done durir stired.)	ng most of working					
the hospital detached for once.	COMPL	8		0	M	achir	ne O	perator		Sewin	q fa	ctorv	
the horders	8	17. FATHER'S NAME (Fire						18. MOTHER'S NA	ME (First				
A De De	BE	Marion								asting			
s retained by 5 should be notified at	2	19a, INFORMANT'S NAM						treet and Number or Rural				Clay	
2 8 0		Donald N		ason				kens Road	d , /	Ashbou	rne	Hills	
ector, p		1 Surial 2 Cren 4 Donation 8 0	nation 3 - Rem	oval from State	cemetery, cre	AND DATE OF D melory or other Ghter	place)		1			near	
direct direct		21. SIGNATURE OF FUN			Stau	gnter		CK Cem.	8/5	5/92 M	ilfo	rd. Del	
hours after death. Page 6 may ed in by the funeral director, pa , or removal. medical examiner must b	-)	ALI.						illiamsor		ineral	Hom	ρ	
ours after do in by the for removal.		THE STATE OF)——	complications that ca			F	ederalchi	ira.	Md	2162	2	
ith centificate be executed within 24 hos ending physician and completely filled if thysiene prior to burial, cremation, or or other traumatic event, the m	CERTIFICATION	disease or condition resulting in deeth) Sequentially list confit any, leading to impressed to the cause. Enter UNDEF CAUSE (Disease or that initiated events resulting in dasth) I	nditions, imediate RLYING Injury	DUE TO (OR	AS A CONSEC AS A CONSEC	DUENCE OF):	he	Cardi	OUG	scula	<u>A</u>	une	
then signed by the art of the signed by the art of the signed bed been 3 shows any injury.	N: MEDICAL C	PART II. Other signi	ficant condition	s contributing to dea	th but not r	esuiting in t	he under	riying cause given in	Part I.	24a. WAS AN / PERFORI	MED?	24b. WERE AUTO AMAILABLE I COMPLETIO OF DEATH? 1 YES	
	¥ S	25. WAS CASE REFERRE	ED TO MEDICAL	HOSPITAL:				6. PLACE OF DEATH (Ch	eck only	one)			
THIS SE	YSICI	1 YES 2 - NO		1 Inputient 2 ER	Outpetient 3		THER:	Home 5 - Residence	6 🗆 Oth	ner (Specify)			
N S S	ву рну	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28a. DATE OF INJL (Month, Day, Ye		28b. TIME O		: INJURY AT WORK?	28d. DI	EŞCRIBE NOW IN	IJURY OCCU	RED	
L DR ATTENDING P DIRECTOR: After the hours after death v	0	3 Suicide 8	Could not be determined	26a. PLACE OF IN. building, etc.	JURY — Al ho (Specify)	me, larm, strae	e, larm, straet, factory, offica 281. LOCATION (Street and Number or Rural Route Number City or Town, State)						
TO THE HOSPITAL DR ATTENDING PHI TO THE FUNERAL DIRECTOR: After thin De filed within 72 hours after death wi IMPORTANT: If Item 28 is marke	COMPLETE			CIAN: To the best of my I									
E FUN d with	ш	296. BIGMATURE ARE-EL		_				29 LICENSE NU				SIGNED (Month, Day,	
TO THE TO THE De filed	00	2	3					DSG	F) 6	39	1	14/92	
	2	30. NAME AND ADDRESS	S OF PERSON WH	O COMPLETED CAUSE OF	F DEATH (ITER	A 27) (Type, Prin	nt)						

Marvel Court.

32 REGISTRAR'S SIGNATURE Julia Davidson-Randall

Easton, Md. 21601

Thomas Divilio M.D.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR

DAYS

MONTHS

IF UNDER 24 HRS.

Mildred Louise Christopher

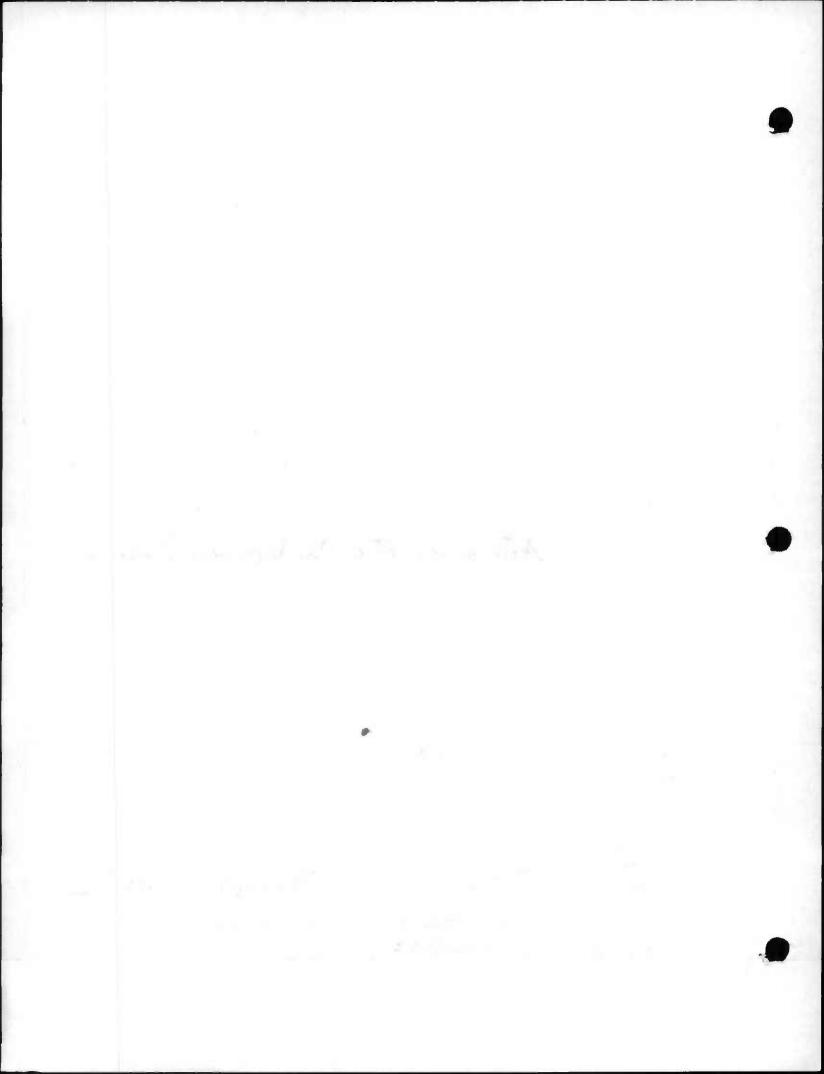
6. AGE (In yrs. lest birthday)

75

5. SEX

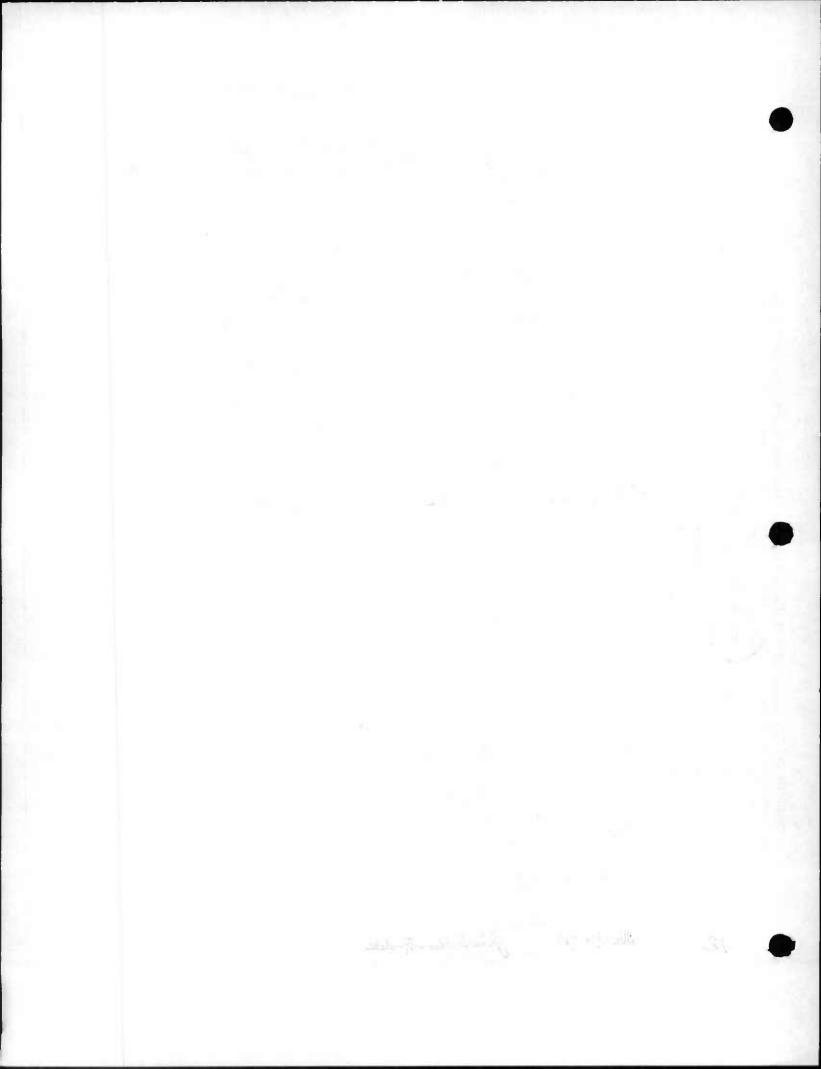
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DHMN-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death at the death and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and destructed the second state Dept. of Health and destructed the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / CI				HEALTH DEA		MENTA	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last Albert Art								2. DATE MONTH 07	OF DEATN	AV 1	YEAR 92	6:10 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 1 TM 2 F	6. AGE (In yrs. Ins	st birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTN	8	-	ACE (State or Foreign
	214-42-8909 ••. FACILITY NAME (If not institution, give	street and number)	49	THS.	96. CITY	Y, TOWN	OR LOCATE	ON OF D		y 12,	194B	Y OF DEA	MD
DIRECTOR	Kent & Queen Ann	e's Hospi	tal		Che	ste	rtown	, ME)		Ker	nt	
EC	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN	OR LOCA	TION					1	0d, INSIDE CITY
		.A.			Chui	rch	Hi1	1				1	LIMITS?
FUNERAL	Everett Lane						H. ZIP COD		2162	2		N OF WH	AT COUNTRY?
ON	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13.	WAS DE	CENDENT C	OF HISPA	NIC ORIGIN	7 (Specify Yes		SA.	- American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	XYES 2 1	NO	- 1	If yes, sp	S 2XXNO	n, Mexica	en, Puerto F	lican, atc.)		Black, Specify:	White, etc.
	15. DECEDENT'S ED (Specify only highest grad	UCATION fe completed)	16a. DE	ECEDENT'S	USUAL O	CCUPATI	ON ost of working		16b.	KIND OF BUS	SINESS/INDUS	TRY	White
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) life	. Do NOT u	se retired.)	during mi	DSI OF WORKI	ng		,			
OM	17. FATHER'S NAME (First, Middle, Lest)		P	Maso	n		18. MOT	NER'S NA		1asco	Com	pany	7
BE C	Wesley Willia	m Colema	an								Elbu:	rn	
0	19a. INFORMANT'S NAME (Type/Print)		19					or Rurel	Route Numb	er, City or Town	n, State, Zip Co	ode)	
1	☑ Janet Tucke 20e. METNOD OF DISPOSITION	r	20b. PLACE				, MD						
	1 XBuriel 2 Cremetion 3 Ref 4 Donation 5 Other (Specify)	novel from State	cometery, cre	matory or o	thar place)		ry 7	/28	/ Q 2		cation—ch ck Hai		
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE /		- V-	22.	NAME A	ND ADDRE	SS OF FA	CILITY	edining.			TID
	23. PART I. Enter the diseases, or	3 tel	Posis		[4]	13 I	High	St	Ch	ester	1 Hou	. MD	21620
FICATION	shock, or beart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO	(OR AS A CONSEC	OUENCE O	F):	760	ard	là	Om	far	cho		Interval Between Onset and Death
5627	resulting in death) LAST	d											
PHYSICIAN: MEDICAL D	PART II. Other significent condition	ns contributing to	deeth but not r	resulting	in the un	nderlyin	g cause ç	jiven in	Part I.	24s, WAS AN PERFOR 1 YES 2	MED?	OI OI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH /Ch	eck only one)			
YSIC	1 VES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	Rt:			8 🗆 Other				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF (Month, De		28b. TIM INJ	E OF URY M		URY AT ORK? YES 2] NO	28d. DEŞ	CRIBE HOW IN	JURY OCCUR	IED	
	3 Suicide 6 Could not be determined	28e. PLACE Of building,	F INJURY — At horetc. (Specify)	me, farm, s	street, fact	ory, offic	•		281. LOCA City o	TION (Street a r Town, State)	nd Number or	Rural Roul	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYS 2 MEDICAL EXAMIN	SICIAN: To the best of ER: On the basis of ax										suse(s) ar	nd manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	A 1/2 /	1 1/00	,,	20)	29c. LICE	NSE NUN	MBER		29d. DATE SI	GNED (M	onth, Day, Ybar)
9	30. NAME AND ADDRESS OF PERSON WI	P GLU	1/14	1//			D	10	001		> 7-	25	-92
	Harry Paul P					7D	MD	21	620				
2	31. DATE FILED (Moor), Day, Year)	32. REGISTRA	Che A'S SIGNATURE ha Davidson	~ Pan	delle	VII.	HD	21	020				



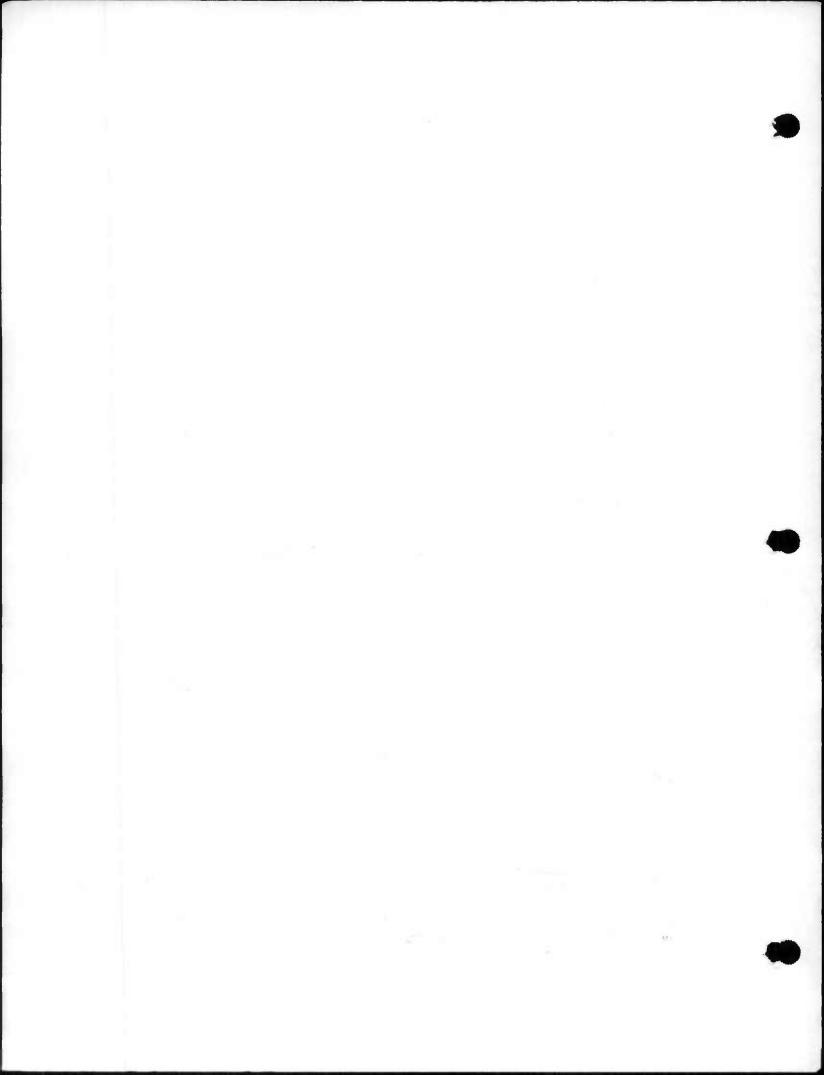
e medical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other committee event, the medical examiner must be notified at once.
n, or removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens after the pure, committeen
illed in by the funeral director, page 5 should be detach	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physical months and filled in by the funeral director, page 5 should be detach
urs after death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificial to the hose than the hose of the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose than the hose that he hose that he hose that he hose that he has the hose th
DALLIMONE, MANTLAND	DIVISION OF VITAL RECORDS, P.O. BOA 13149,

Baumann, MD.

The BOOK down Pandale

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT ICATE				MENT	AL HYGIENI REG. NO.	Ē		
	1. DECEDENT'S NAME (First, Middle, Last)			i i						TE OF DEATH			3. TIME OF DEATH
	Bessie Mary Virg	inia Chr	riction							NTH DA		YEAR	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t hirtholous)	IF UNDER	VEAD	IF UNDER	na was		v 28 1	992	0 DIDTI	PLACE (State or Foreign
				"	MONTHS	DAYS	HOURS	MIN.		onth, Day, Year)		Countr	
	213-22-4644	1 - M XX F	78	YRS.					_3/	4/14		Mar	yland
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN 0	R LOCATI	ON OF DE			9c, COU	ITY OF D	EATH
Œ l	Meridian Nursing	Center			(Cent	revi	11e				One	en Anne's
DIRECTOR	RESIDENCE OF DECEDENT											2,00	
m	10a. STATE 10b. COUNTY	,		10c, CIT	Y, TOWN O	R LOCAT	ION			-			10d. INSIDE CITY
뜱 l	Maryland Kent			ROC	k Ha	11							1 YES 2 NO
	10e. STREET AND NUMBER	,		1100	32 IIQ.		ZIP COD	F			10e CITI	ZEN OF V	VHAT COUNTRY?
FUNERAL						100							
9	Boundry Avenue							?1661				.S.A	
<u>.</u> 5 ∣	11. MARITAL STATUS		IT EYER IN U.S. AR							GIN? (Specify Yea to Rican, etc.)	or No-	14. RACE Black	E — American Indian, c, White, atc.
	1 Never Married 2 Married		MAR OR DATES XX		ï	YES	2NO	Specify	/:	to thomas diday		Spec	ffy:
ВУ	3 Widowed 4 Divorced						AA						With the Mark
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON et of workl	nor.		16b. KIND OF BUS	INESS/IND	USTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5	die	Do NOT us	e retired.)	unny mo	St UI WURA	ng.					
4	11 years			Hou	sewi	fe							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			1100	DC WI		16 MOT	HER'S NA	ME /Fin	st, Middle, Maiden	Sumama)		
BE	George R. Urie									<i>l</i> altemey			
2	19a. INFORMANT'S NAME (Type/Print)		194	b. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural I	Route N	umber, City or Town	n, State, Zip	Code)	
-	George R. Chris	tian	F	Rte.	#4 Bo	ox 4	180	Ches	ster	town Mo	. 21	620	
	20e, METHOD OF DISPOSITION 1 September 2 Cremation 3 Removed	ours! from State	20b. PLACE other pla	OF DISPOS	SITION (Nar	me of cer	netery, crer	matory or		20c. LO	CATION —	City or To	own, State
	4 Donation 8 Other (Specify)	oval from State			hane'	1 Ce	mate	1777		l F	lock	Hall	. Md.
	21. SIGNATURE OF FUNE LAL SERVICE LIC	ENSEE	5/	e y	22.1	NAME A	ID ADDRE	SS OF FA	CILITY				
	14/	1/0	11/16	/	r	Thom	Helf	enbe	ein	Auneral	. Hem	е	
	Momas	KeX	allen	Me						rland			
	23. PART i. Enter the diseases, or d				not enter	the mo	de of dy	ing, auc	h es c	ardiec or respi	ratory an	est,	Approximate
	shock, or heart failure.	List only one ca											Onset and Deeth
	iMMEDIATE CAUSE (Fine) disease or condition	-	af	0	. 1.		1	- (7
	resulting in death)	a	ceat	CI COLOR OF	ao	m	2 /)	700	u				- Jan
		DUE IC	OH AS A COMSE	UDENCE O	r):								-
K	Sequentieily list conditions,	b											
CERTIFICATION	If any, leading to immediate	DUE TO	OR AS A CONSE	QUENCE O	F):								
3	ceuse. Enter UNDERLYING CAUSE (Disease or injury	c											
=	that initiated events	DUE TO	OR AS A CONSE	QUENCE O	F):								
E	resulting in deeth) LAST	d											
	DART II OIL I-III III-											Lau	WERE AUTOPSY FINDINGS
AL	PART II. Other significant condition	s contributing to	o death but not i	resulting	in the un	derlyin	g ceuse	given in	Part I	. 24e. WAS AN PERFOR		248	AVAILABLE PRIOR TO
8										1 [] YES 2	NO		COMPLETION OF CAUSE OF DEATH?
JE I													1 YES 2 NO
PHYSICIAN: MEDICA												-	
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF E	DEATH (Ch	eck ont	v one)			
0	EXAMINER?	HOSPITAL:			OTHER	6							
ΥS	1 YES 2 10		☐ ER/Outpatient 3		-			asidence		ther (Specify)			
F	27. MANNER OF DEATH 1 Autural 5 Pending	28a. DATE O (Month,	Pay, Year)	28b. TIM	URY	WC	DRK?		28d.	DESCRIBE HOW I	NJURY OC	CURED	
BY	1 Accident 5 Pending Investigation				М	1 🔲	YE\$ 2 [NO					
	3 Suicide 6 Could not be		OF INJURY — At he	ome, ferm,	street, fact	ory, offic	:0			OCATION (Street I	and Number	or Rural	Route Number,
TEI	4 Homicide determined		, - im (spoonly)						l Ì	, or lower, gentley			
E	29e. CERTIFIER	CIAN: To the heart	d my knowledge de	andh a sa	and set also as		and etc.		. 40. 45.	eques(s) and a		and .	
MP	(Check only one)												a) and manner as stated
COMPLETED	2 MEDICAL EXAMINE	On the pasts of	TOTONIA POSSESSION	arvestigation	ni, in my o	pinion, c	JOHN OCCU	irea at the	time, (aute and place, an	ru due to ti	HE CHUSO(e; end menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	8					29c. LIC	ENSE NU	MBER	-,1	29d, DAT	E SIGNE	(Month, Day, Year)
9	1 A Ben	un	. lece					00	35	4	• '	7/2	8192
2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CA	USE OF DEATH (ITE	M 27) (Type	Print)	4	1						

21620



MD

10g. CITIZEN OF WHAT COUNTRY?

Specify:

white

21783

9c. COUNTY OF DEATH

Carroll

U.S.

3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

1 X YES 2 NO

8. BIRTHPLACE (State or Foreign Country)

34519 M

2. DATE OF DEATH

permit. Pages 1, 2, 3 should use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. MARYLAND 21215-0020 Ď detached funeral director, page 5 should be BALTIMORE. led in by the fi the attending physician and completely filled in Mental Hygiene prior to burial, cremation, or re inquires that the death certificate be executed within BOX 68760, P.O.

RECORDS.

DIVISION OF

#

OR ATTENDING PHY

FUNERAL within 72 h

TO THE HOSPITE
TO THE FUNERA
De filed within 72
IMPORTANT: I

BE

9

286 MATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)
ALIG 1 0 '92

RAJESH

class 6 Mo

M. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

CFFACNCA

Once. notified 2 must medical examiner the traumatic event, other 6 Injury, Sate Dro of Health and

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

VIRGINIA

08 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1/30/54 DAYS HOURS MIN 1 🗌 M 2 🗐 F 216-66+ 1926 YRS. 9a, FACILITY NAME (If not institution, give atreet and number, 9b. CITY, TOWN OR LOCATION OF DEATH County Gen DIRECTOR (m32011 HUSP Westminster RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Carroll Westminster FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 416 Baldwin Park Drive 21157 11. MARITAL STATUS
14 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— H. PACE — American Indian, H. yea, specify Cuban, Mexican, Puerto Rican, etc.) If yes, specify Cuben, Mexican, Pu 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL, OCCUPATION
(Give kind of work done during most of working life. Do NOT use relired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY Utilization Review Elementary/Secondary (0-12) registered nurse coordinator at hospital 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) Kenneth John Cline Leah Virginia Toms 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Mr. Donald Cline Brown Rd. Smithsburg, MD 20s METHOD OF DISPOSITION
124 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 28c. LOCATION — City or Town, State Bethel Church Cem. 4 Donation 5 Other (Specify) 8/9 Foxville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel Robert K. Pritts. Sr. 412 Washington Rd. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Malynant Pleusal effersion
DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) Malignant Pes CERTIFICATION Sequentially list conditions, sequentially let conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST (ascinom) q Buanan DUE TO (OR AS A CONSEQUENCE OF) PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL shows any PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 TYES 2 NO patient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE DF INJURY (Month, Dey, Year) 28b. TIME OF 28c. INJURY AT WORK? 12 Natural 1 YES 2 NO DIRECTOR: Any hours after death tem 28 is man BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide

Haise Pagsician

Sulie Denden-Handelse

Carroll County

CLINE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Westminster Approximata interval Between Onset and Daeth 2 wk 2600 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 | YES 20 NO 1 YES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year) 191097 8/6/51 Gen Hospital DHMH-16 Rev 1/89

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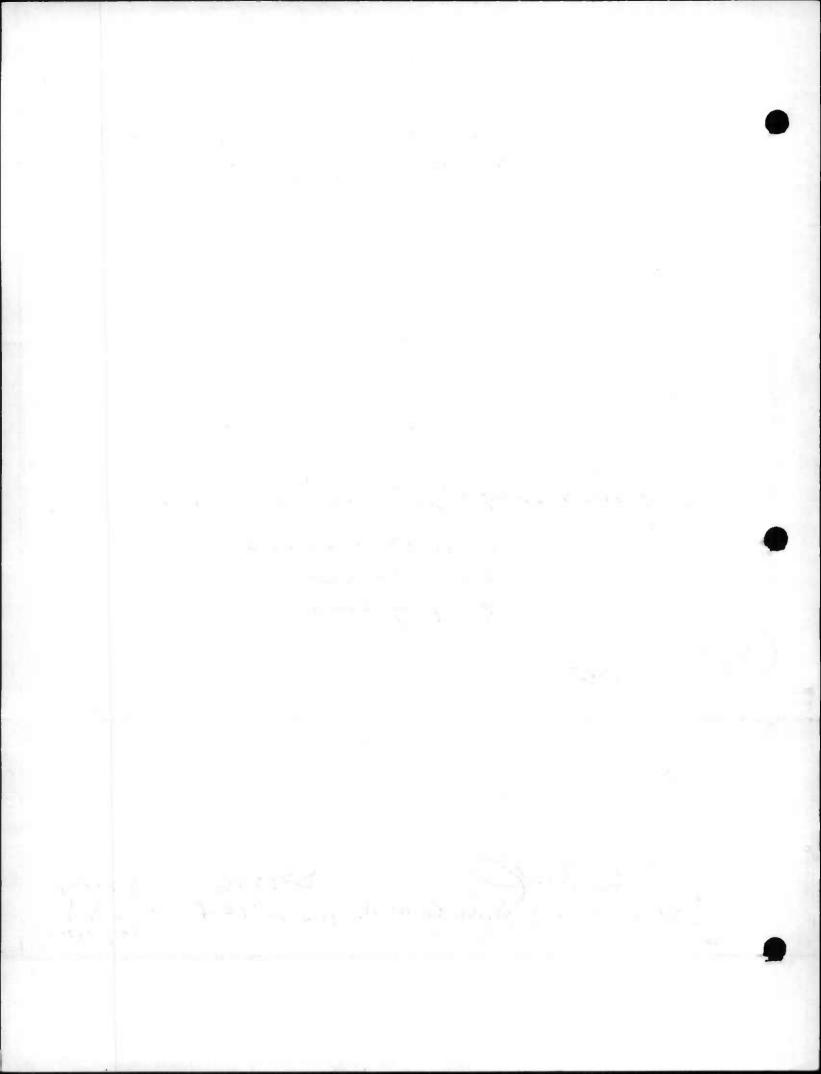
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BALTIMORE, MARYLAND 21215-0020

O. BOX 68760,

DIVISION OF VITAL RECORDS

	1. DECEDENT'S NAME (First, Middle, Last							
		*				2. DATE OF DEATH		3. TIME OF DE
	Su	E Dul	VTON	D	UER	JULY 2	- 0.0	YEAR 051
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birth			184 D. W	7	BIRTNPLACE (State or Country)
	229-34-8565	1 □ M 2 ▼ F	4	RS. MONTHS	DAYS HOURS MIN.	Feb. 20,	1925	Virginia
.	PENINSULA REGIO	NAL MEDICAL	CENTER	96. CITY	TOWN OF LOCATION OF	DEATH	Wico	M PF OF ATH
	RESIDENCE OF DECEDENT							
1	10a. STATE 10b. COUN	ITY	100	. CITY, TOWN OF	R LOCATION			10d. INSIDE C
		thampton		Exmore		7		LIMITS?
	10e. STREET AND NUMBER				10f. ZIP CODE			N OF WHAT COUNTRY
CONFIDE	P.O. Box 996	Time was the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same			23350		U.S	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO	1 11	yes, specify Cuban, Max	PANIC ORIGIN? (Specify Idean, Puerto Rican, etc.)	Yes or No- 1	 RACE — American In Black, White, etc.
	3 Widowed 4 Divorced	IF YES, OIVE WAR OR	DATES	1	☐ YES 2 1 NO Spe	ecify:		Specify: White
	15. DECEDENT'S ED (Specify only highest gra-		18a. DECEDE	NT'S USUAL OC	CUPATION uring most of working	16b. KIND OF I	BUSINESS/INDU	
COMPLEICD	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do N	IOT use retired.)	uring most or working			
	11	4	Home	maker			aking	
	17. FATHER'S NAME (First, Middle, Last)					NAME (First, Middle, Maid	en Surname)	
#	J. Lee Dunton 19a. INFORMANT'S NAME (Type/Print)		10h 144	I INO ADDRESS		ret Badger	Salar Salar Salar	-40
2	David C. Duer					rel Route Number, City or 1		ode)
	20a. METHOD OF DISPOSITION	12	Ob. PLACE AND D	ATE OF DISPOSI	TION /Name of			ly or Town, State
i	1 ☑ Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from Stata	emetery cremator Belle Ha	vor other place)	neterv			en, Va. 2
i	21. SIGNATURE OF FUNERAL SERVICE L			22. N	AME AND ADDRESS OF	FACILITY		City va. Z
	· W	Maria.	the			eral Home, 3, Exmore,		
Z		· b. Lu	MG (iani	failu			
FICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE	JSPU Jons	na			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	A CONSEQUENC	Jor:	-u			
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d.	A CONSEQUENC	Jor:	-u	In Part I. 24s. WAS	AN AUTOPSY ORMED? 2 \(\text{NO} \)	AMAILABLE PRIC COMPLETION OF OF DEATH?
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director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 four the death. Pt. 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CALE OF	- DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) FRANK	ERNEST	DUBEL			2. DATE OF DEATH DO	AY YEAR 92	3. TIME OF DEATH 17/9 M
	4. SOCIAL SECURITY NUMBER 218-09-2585		n yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) FEB. 4, 1	8. BIR	ITHPLACE (State or Foreign intry)
- 1	9a. FACILITY NAME (If not institution, give a			9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF	
DIRECTOR	FREDERICK MEMORIA	L HOSPITAL		FRED	ERICK		FREI	DERICK
Ä	10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCA	ATION			10d. INSIDE CITY
	MARYLAND FRED 100. STREET AND NUMBER	DERICK	THUI	RMONT	01. ZIP CODE		T 100 CITIZEN O	1 YES 2 NO
FUNERAL	11229 ANGLEBERGER				21788		U.S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1X YES IF YES, GIVE WAR OR DA WORLD WAR II	2 NO	If yes, s	CENDENT OF HISPAN pocify Cuban, Maxica S 2 NO Specify		84	ACE — American Indian, ack, White, atc. acity: WHITE
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	SUAL OCCUPAT		16b. KIND OF BU	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) N/A	life. Do NOT use	retired.) PENTER		CA	RPENTRY	
O	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)	
BE C		NELSON	DUBI		BRUCE	JANE		UNSHOWER
9	19s. INFORMANT'S NAME (Type/Print)	(retpn)				Poute Number, City or Tow		0.0
	DOROTHY F. DUBEL	(WIFE)	PLACE AND DATE OF			THURMONT	CATION City or	
	20a METHOD OF DISPOSITION 4 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State ceme	etery, crematory or oth STHAVEN	or place) MEMORIA	L GARDENS	7/18 FRE	DERICK,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIK	ENSEE			T E. DAII		FUNERAL	HOMES, P.A.
\dashv	TOTAL Security discourses			615 F	. MAIN ST	THURMO	NT, MD :	21788
-	PART I. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on ea	ich lina.		ARRE		ratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	b. He.m.	CONSEQUENCE OF)	age	,	rtey ?) is eas	s e
MEDICAL	PART II. Other algorificant condition TH Pourly WASS P	different	luted	Chnc	erof	Part I. 24a. WAS AN PERFOR	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Ž.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. F	PLACE OF DEATH (Che	ock only one)		
SIC	1 YES 2 NO	HOSPITAL: 1 - Inpatient 2 - ER/Outpa		OTHER:	me 8 🗆 Residenca	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY W	JURY AT ORK?	28d. DESCRIBE HOW I	NJURY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY building, etc. (Speci	- At home, farm, atr		YES 2 NO	281. LOCATION (Street a City or Town, State)	and Number or Rura	of Route Number,
	4 Homicide determined					Oily Or IOWII, Stelley		
COMPLET		CIAN: To the best of my knowle						e(a) and manner as stated.
BE	296. SIGNATURE AND THE OF CENTIFIER		0		Tas. Ligerian villa			
2	30 NAME AND ADDRESS OF PERSON WH		THE STITLE	(me)	77	5-5	- 1//)/7)
	31. DATE FILED (MONTH, Day, You 1992	CE L 32 REGISTRAD'S SIGN JUNE L'AUTOSSICH	MARCARE	W	111	111	derici	ED (MORTH, Day, Year) 5/97 - 21701 M.L
10	4	6/1						

TENDING PHYSICIAN The law mounter that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	IR. After this cartificat has been at the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, er death with the Sira Decr or Hearth and Mental Motione prior to buriat, cremation, or removal.	28 is marked, or termed them any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAIN	TO THE FUNERAL DIRECTOR: After this certified be filed within 72 hours after death with the Str.	IMPORTANT: If item 28 is marked, or its

_	1 - STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF H	IEALTH AND N	IENTAL HYGIENE		
	1. DECEDENT'S NAME (First, Middle, Last)	DUDECK			2. DATE OF DEATH	43	3. TIME OF DEATH
		S. SEX 6. AGE (In yrs. lest birth	rday) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	IPLACE (State or Foreign
OR	98. FACILITY NAME (If not institution, give street F. S. K. M.	t and number)	BACT	TO LE	ATH	9c. COUNTY OF	DEATH
DIRECTOR	10a. STATE 10b. COUNTY	100	CITY, TOWN DR LOCAT				10d. INSIDE CITY
	10+, STREET AND NUMBER			IORE			LIMITS?
FUNERAL		ON 57.	101	2122	4	10g. CITIZEN OF	MHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES	If yes, sp	ecity Cuban, Maxican, 2 NO Specify:	C ORIGIN? (Specify Yes (, Puerto Rican, atc.)	or No — 14. RAC Blac Spec	E — American Indian, k, White, alc.
TED	15. DECEOENT'S EOUCAT (Specify only highest grade co.	mpleted) (Give kind	NT'S USUAL OCCUPATION of work done during mo	ON st of working	16b. KIND OF BUSI	NESS/INDUSTRY	HILE
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) /// /// // // // // // // // // // //	LABORE	-	BALTE	cit	V
BE CO	17. FATHER'S NAME (First, Middle, Last) HEDDOKE	DUDEK		18. MOTHER'S NAM	E (First, Middle, Malden S	umame)	1.)
TO B	19a. INFORMANT'S NAME (Type/Print)		LING ADDRESS (Street a		oute Number, City or Town,	State, Zip Code)	
	20a. METHOD OF DISPOSITION	20b. PLACE AND D.	ATE OF DISPOSITION (No	CKEL A	VE - BA	ATION — City or To	HD ZIZZ4
	Burlal 2 Cremellon 3 Remove Donation 5 Other (Specify)	camelary, departory	or other place	M 8-	3-92 BA	UTO . CE	117
	21. SIGNATURE DE PUNERAL SERVICE LICEN	Starlet	22. NAME AN	PADA F	H. 2829	Hims	2/224
	23. PART i. Entar the diseases, croon ahock, or heart failure. Lis	nplications that caused the death. It only one cause on each line.	Do not antar tha mo	da of dying, such	ss cardiac or reapire	itory srrest,	Approximata Interval Batween
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Dehydration					Onset and Death
z		SEIZURE	CE OF):				
ATIO	Sequantially list conditions, if sny, lasding to immediata cause. Entar UNDERLYING	OUE TO (OR AS A CONSEQUENC	•	1-1	1.		
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUENCE	E OF):	•			
	d	Senile dema			/ '		
CAL	PART II. Other aignificant conditions of					E07	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	renal insuff	lar Tachy car Siciency, ferip	heral Va	scular	1 YES 2 [NO	OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL						
PHYSICIAN:	EXAMINER?	OSPITAL:	OTHER:	ACE DF DEATH (Check			
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	TIME OF 28c, INJURY WOR	JRY AT 2	edd. DESCRIBE HOW INJ	URY OCCURED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	7/3/1/2 28e. PLACE OF INJURY — At home, far building, etc. (Specify)		ES 2 NO	281. LOCATION (Street and	f Number or Rural R	bute Number,
ETE.	4 Homicide determined				City or Town, State)		
COMPLETED	(Check only	N: To the best of my knowledge, death occ on the basis of axamination and/or investig	curred at the time, data :	and place, and due to eath occured at the tir	The cause(s) and manne	or an stated.	and manner on stated
ш	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMB		ed. DATE SIGNED	
TO B	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE DE DEATH OFFINA	Ema Reint	D333		> 7/31/	143
	F.M. Gloth			Barre	ew Circ	1+ >.	2 2 4
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		w day v	س دررو	/	4 L Y

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DIVISION OF VITAL RECORDS. P.D. BOX 68760,

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			CALIF	ICATE (OF D	EAIH	2. DATE	OF DEATH).	YEAR	3. TIME OF DEATN
1	MATILDA ELIZA		ASHER					July	7 30,	1992		6:30 AM
	4. SOCIAL SECURITY NUMBER 224-22-9169	5. SEX	6. AGE (In yrs. Ia 72	YRS.	MONTHS DA		F UNDER 24 HRS. OURS MIN.	Jan	of BIRTH (h, Dey, Year) 4,19	20	Count	PLACE (State or Foreign ry) Isylvania
- 8	90. FACILITY NAME (If not institution, give s 207 Courtland P)					WN OR L	LOCATION OF D	EATH			forc	
E E	Maryland 106. COUNT	Harford		10c. CIT	Bel A		•					10d. INSIDE CITY LIMITS? 1 X YES 2 \(\) NO
	100. STREET AND NUMBER 207 Courtland Plac	æ					1014			10g. CIT		WHAT COUNTRY?
à l	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 🔀		If ye		DENT OF HISPA y Cuban, Mexic NO Speci	en, Puerto		s or No—		E — American Indian, k, White, etc. my, 11te
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+		Give kind of a Do NOT u	usual occu work done durin ee retired.) nemaker	ng most o	of working	168	. KIND OF BU		DUSTRY	
<u>u</u>		Brandau					Hanna	h	Eliz	abeth	_	Reiter
	19e. INFORMANT'S NAME (Type/Print)		15	b. MAILING	AODRESS (St	reet end i	Number or Rural	Route Num	ber, City or Tow	vn, Stete, Zij	p Code)	
2	Glenmore H. Drash	er					Place	, Bel	L Air,	Md.	2101	.4
t	Glenmore H. Drash 20a. METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State	20b. PLACE	207	Court] of DISPOSITIO ther place) View 22. NAM	Land N (Name of	etery	0AT 8-3-9	20c. LC	est	City or To	elton, Pa.
	20a. METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donetion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the diseases, or a shock, or heert failure.	CENSEE COMPICATIONS that COMPICATIONS that List only one cause SEVER	20b. PLACE cometery, on MOIII	ALN	Court J OF DISPOSITIO OTHER PIECE) OF VIEW 22. NAM HOWE 1317 not enter the	Land Cem ME ANO ME ATC 7 CO mode	etery ADDRESS OF FA K. McCo	8-3-9 V Roa	20c. LC 92 W	est unera	Haze	own, State
	20a. METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donetion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the diseases, or a shock, or heert failure.	conset from State CENSEE COMPICATIONS that List only one cause a. SEVER OUE TO (DEME DUE TO (c.	20b. PLACE cometery, on MOLT	ALNU OUENCE O	Court Disposition that place) 1 View 22. NAM Howa 1317 not enter the	Land Cem ME ANO ME ATC 7 CO mode	etery ADDRESS OF FA K. McCo	8-3-9 V Roa	20c. LC 92 W	est unera	Haze	www. State elton, Pa. me, P.A. d. 21009 Approximata Interval Betw
CERTIFICATION	20a. METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donetion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	CENSEE COMPLICATIONS that List only one cause OUE TO (20b. PLACE cometery, on MOII Coused the dependence on each line RE My OR AS A CONSE OR AS A CONSE OR AS A CONSE	ALNO OUENCE O	Court] OF DISPOSITION ther place) 1 View 22. NAM HOWA 1317 not enter the	Land Cem AR AND AR ART 7 CO 9 mode	etery ADDRESS OF FI K. MCC Resbur Of dying, aud	8-3-9-MCILITY O'MAS V Roach as cere	III For ad. Ab.	est unera ingdo Iratory ar	Haze al Ho on, M	Approximate interval Betwoen Del P.A. Approximate interval Betwoen Del P.A. Approximate interval Betwoen Del P.A. Approximate interval Betwoen Del P.A. Approximate interval Betwoen Del P.A. Approximate interval Betwoen Del P.A. Approximate interval Betwoen Del P.A. Approximate interval Betwoen Del P.A. Approximate interval Betwoen Del P.A.
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CERTIFICATION	20a. METNOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the diseases, or shock, or heer failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CENSEE COMPICATIONS that List only one cause out to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to go to g	20b. PLACE cometery, on MOIII Coused the due on each line on each line on AS A CONSE	ALNI OUENCE O	Court J OF DISPOSITION ther place) 1 View 22. NAM HOWA 1317 not enter the	Land Cem AE ANO A AIT CO To mode	etery ADDRESS OF FI K. MCC Resbur Of dying, aud	Part I.	III F	est unera ingdc iratory an	Haze al Ho on, M	wen, State elton, Pa. Me, P.A. 1d. 21009 Approximate interval Betwoen and De Competent To Competent To Competent To Competent To Competent Or Cause of Death?
Social: Medical Centification	20a. METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the diseases, or on shock, or heer failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially Hat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiliated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL	CENSEE COMPICATIONS that COMPICATIONS THE LIST ONLY ONE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DU	20b. PLACE cometery, on MOIT Coursed the die on each line on each line on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on as a conse on a conse on as a conse on as a conse on as a conse on as a conse on as a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse on a conse o	207 AND DATE: emistory or or ntair OUENCE OF OUENCE OF Testulting	CourtJ OF DISPOSITIO ther place) View 22. NAM HOWA 1317 not enter the VTRITT F): F): In the under	Land Cem ME AND A Ard TOO MORE MORE MORE MORE MORE MORE MORE MO	ause given in	Part I.	Z4e. WAS AN PERFO	est unera ingde lautopsy maeo?	City or To Haze al Ho on, M reet,	wen, State elton, Pa. Me, P.A. 1d. 21009 Approximate interval Betwoen and De Competent To Competent To Competent To Competent To Competent Or Cause of Death?

29c. LICENSE NUMBER
HD H41069 29d. DATE SIGNED (Morth, Day, Year)

7/30/92

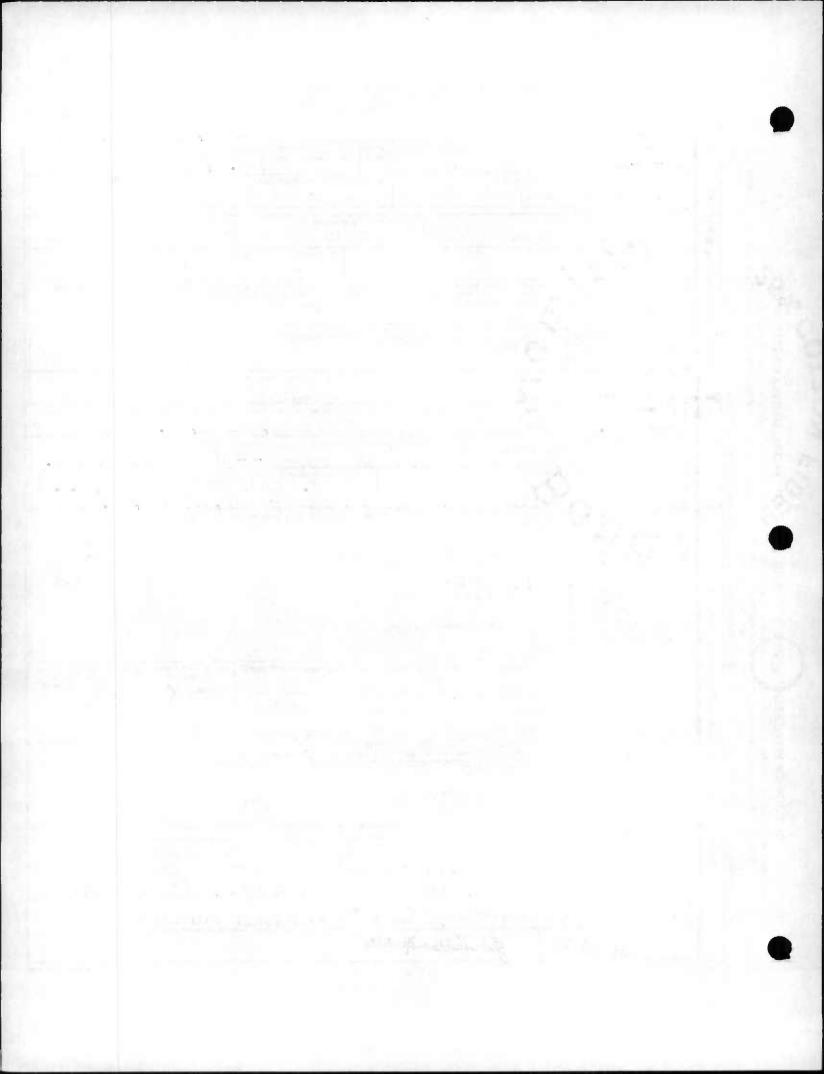
296. SIGNATURE AND TITLE OF CHATTERER 30. NAME AND ADDRESS OF PERSON WE 1308 BUSINESS Center Way

2

EATN (ITEM 27) (Type, Print) #102 E PSEW000 MD 21040

31. DATE FILEO (Month, Day, West)

JUL 30 32. REGISTBAR'S SIGNATURE
Suna Davidson-Pandall '92



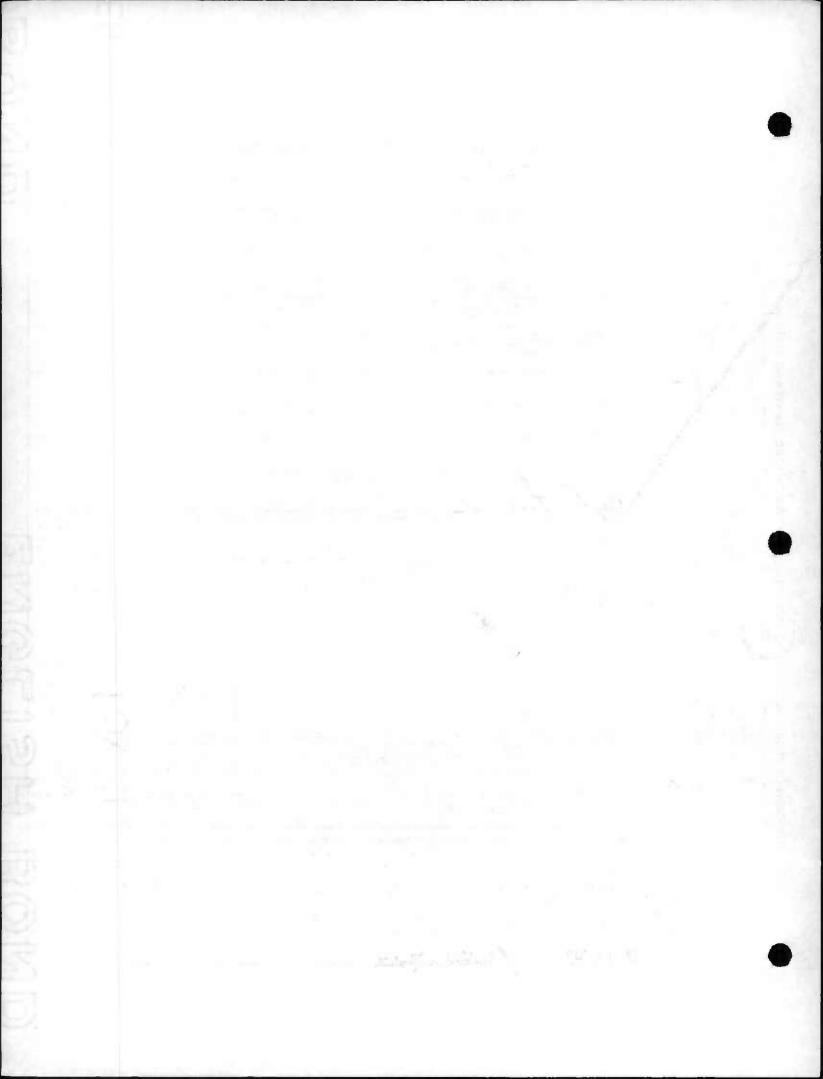
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DIVISION OF VITAL RECORDS, P.O. BOX 6876	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death definition is executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the arthur providing and com- be first within 72 hours after death with the State Bers of Health and Merzell Provided to buried.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic ev
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C	uires	Sign	SW0
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16

JUL

'92

	1 - STATE REGISTRAR	SIAIE OF MANI		IMENT OF H	DEATH AND		YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATN DAY		TIME OF DEATH	
	Mary Cole	Downey				July		992	7:10a	
	4. SOCIAL SECURITY NUMBER		SE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI			ACE (State or Foreign	
	218-20-9313	1 M 2 F 89 YRS. MONTHS DAYS HOURS MIN. JULY 11.1908 MD							MD	
	9s. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN									
CTOR	Corsica Hills Nursing Home Centreville Q.A.									
DIRECTOR	MD 10a. STATE 10b. COUNT	Kent		INSIDE CITY LIMITS? YES 2 NO						
AL AL	10a. STREET AND NUMBER	101. ZIP CDDE					10g. CITIZEN OF WHAT COUNTRY?			
EB	N. Main Street				21661			USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 V Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2 NO	If yes, sp	CENDENT OF NISPA secify Cuban, Mexic 2 NO Speci	an, Puerto Rican,			- American Indian, White, stc. White	
ED 6	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	ISLIAL OCCUPATION	ON	- Las Kini	OF BUSINESS/IND	MISTOV	WILLLE	
E	(Specify only highest grade	completed)	(Give kind of w	ork done during mo	ost of working	100. KINL	OF BUSINESS/IND	JUSTRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Topo	hom		E d				
COMPLET	17. FATHER'S NAME (First, Middle, Last)	4	Teac	пет	18. MOTNER'S N		UCATION Maiden Surname)	1		
	George E. Cole									
BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street :		Stark	ty or Town, State, Zip	Codel		
5		nev	Rt 1				e.MD 21			
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	_		DATE	20c. LOCATION -		. State	
	1 Buriel 2 Cremetion 3 Rem		of cemetary, crematory Wesley C		7/1	5/92	Rock H			
	21. SIGNATURE OF FUNERAL SERVICE LI		Megrey C		ND ADDRESS OF F		NOCK 1	1411,	HD	
1	· Ha D	1 00		Fel1	ows-We.	lls Fu	neral H	Iome		
NO	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (DR AS A CONSEQUENCE OF): d.									
MEDICAL	PART II. Other algnificant condition	na contributing to deat	h but not resulting i	n tha underlyIn	ng cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	o o	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 ND	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
C	EXAMINER?	HOSPITAL:		OTHER:	107					
ΙΥS	1 YES 2 NO	1 Inpetient 2 ER/C			ne 5 🗆 Residence	_		CHBED		
	1 Natural 5 Pending	(Month, Day, Year) INJURY WORK?					28d. DEȘCRIBE NOW INJURY OCCURED			
TED BY	2 Accident Investigation						261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.									
TO BE C	29c, LICENSE NUMBER 29d, DATE SIGNED (Morrith, Day, Your) 7-13 -92									
-	30, NAME AND ADDRESS OF PERSON W	HD COMPLETED CAUSE DE	DEATH (ITEM	Print)	- 11	m	11 -	/	,-7	



and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be burial, cremation, or removal. to excuted within 24 nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the city THE FUNERAL DIRECTOR: After this certificate has been signed by the most filed within 72 hours after death with the State Dept. of Health and Memin HED

DRUSKIN MALCOLH NO

	1. DECEDENT'S NAME (F	+ DA	ILS AD	A W. D						2. DATE O		MY	YEAR 3	O135
	4. SOCIAL SECURITY NU.	2-822C	5. SEX 1 M 2 F	AGE (In yrs. les	st birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Dey, Year) 3 3 0 3			LABAMA		
TOR	Sa. FACILITY NAME (# 76)	Sinai Hospital of Baltimere Sinai Hospital of Baltimere					BE HIMET				BALT (MOB			
DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltimore			10c. City, town on Location Randallstown, Mo					Md.	Md.			IOd. INSIDE CITY	
ERAL	100. STREET AND NUMBER 3801 Schnaper Drive Apt. 324 101. ZIP CODE 21133 109. CITIZEN OF WHAT COUNTR USA													
PLETED BY FUNER	11. MARITAL STATUS 1 NAVer Merried 2 Merried 2 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES								n, Puerto R	, Puerto Rican, etc.)		14. RACE - Black, 1 Specify:	- American Indi White, etc. White	
	(Specify	(Specify only highest grade completed) ((Elementary/Secondary (0-12) College (1-4 or 8 +)			ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working a. Do NOT use retired.) Secretary				166. KIND OF BUSINESS/INDUSTRY State of Georg			rgia		
E COMPL	17. FATNER'S NAME (First, Middle, Last) Wiley Wallace										iddle, Malder			
TO BE		19a. INFORMANT'S NAME (Type/Print) Joseph B. Davis 19b. Mailing At 11700					(Street a	own	or Rural F	e, F	r. City or Tov	vn, State, Zip o	Code)	d. 2113
	20a METHOD OF DISPOSITION 1 Dispurse 2 Comments 3 Removal from State Complex (Specify) 20b. PLACE Complex (Specify) 211.									DATE		cation — c tlanta		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eckhardt Funeral Covings Mills, Mary						hane	1 P.A.						
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BALTIMORE, MARYLAND 21215-0020	s 6 mm be the property or attending physicia	ector, part 5 should a detached for use as the burial-tr	esant to be litter and fallen
BALTIN	ours after death. Pag	in by the funeral dir	nedical examiner
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be 18 may be the bospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, as a second for use as the burial-tree filled within 70 hours after death with the State harm of Marth and Marthal Horizon principles of second for the burial-tree filled within 70 hours after death with the State harm of Marth and Marthal Horizon principles of second for the burial-tree filled within 70 hours after death with the State harm of Marthal Horizon principles of second for the burial-tree filled within 70 hours after death with the State harm of Marthal Horizon principles.	IMPORTATIVE item 28 is marked, or item 23 shows any injury or other trannatic event; the medical examinar must be notified at once

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.	2 22932		
	1. DECEDENT'S NAME (First, Middle, Last) 4.,SOCIAL SECURITY NUMBER	5. SEX 6. AGE (III	yrs. lest birthday)	CO F UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF DEATH DAY 7. DATE OF BIRTH	3. TIME OF DEATH S. BIRTHPLACE (Sinte or Foreign		
OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN 9c. COUNTY OF DEATN								
L DIRECTOR	10a. STATE 10b. COUNTY Ann 10e. STREET AND NUMBER	e Arundel	10c. CITY,	Annap	olis	1	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10 Silopanna 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 -NO	13. WAS DEC	ZIP CODE 21401 ENDENT OF NISPAN Holfy Cuban, Mexica	4	J . S . A . 14. RACE — American Indian, Black, White, atc.		
TED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of	IF YES, GIVE WAR OR DATES 1 YES 2 NO				Specify: Specify: White			
COMPLETED	Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Leet)	College (1-4 or 5 +)		memake	r	Home			
BE		Frederick Norman Smith				ME (First, Middle, Meiden Surname A. Ford			
TO	Oden Estep		10 Si	lopann	a Road,	oute Number, City or Town, State, Annapolis			
	1 Genetics 2 Committee 3 General 4 Genetics 5 General Secret 21. SIGNATURE OF FUNERAL BERVICE GE	cemel	PLACE AND DATE OF I lery, crematory or other DO 1	itan C	8/4	Alexan	- City or Town, State ndria, VA		
	Elest C.	Cheny	2	Taylo	r Funer	al Chapel	21401		
	23. PART I. Enter the diseases, processor, or heart fellure. L. IMMEDIATE CAUSE (Finel disease pr condition resulting in death)	Pulmone	ary En	nkalvs	le of dying, auch	as cerdiac or respiratory	Approximata interval Between Oneat and Death		
PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Deep Very Due to for as a co	notic va	mbosu	s Lisea	ise_			
	PART II. Other eignificent conditions Rheuwatord (Africal from 16)	contributing to death but	not resulting in t	the underlying	ceuse given in i	Pert I. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. PL/	NCE OF DEATN (Che	ck only one)			
BY PHYS	27. MANNED OF DEATH 1 Wastural 5 Pending 2 Accident investigation	1 Inpetiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED							
	3 Suicide 4 Nomicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28b. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
COMPLET	2 MEDICAL EXAMINER.	AN: To the best of my knowled: On the basis of axamination a	ige, death occurred a	t the time, date a	and place, and due to	o the cause(e) end manner as a lime, date and place, and due to	ntated. the cause(a) end manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CENTIFIER 30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	N (ITEM 27) /Time Dri		D 198	9ER 29d. D/	S/2/92		
	CTEONGE Taller, 31. DATE FILED (Month, Day, Year)	M.D. 6//	S. Chan	les St	Balt	more, Md.	21201		
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1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

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RAL	10+. STREET AND NUMBER			10f.	ZIP CODE			N OF WHAT COUNTRY
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COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16e. OECEDENT'S (Give kind of life. Do NOT.		st of working	16b. KIND OF BUSI	ITARY	
	17. FATHER'S NAME (First, Middle, Leat)	VERETT	ELLER			ME (First, Middle, Maiden S ABETH		EILL
TO BE	190. INFORMANT'S NAME (Type/Print) AGNES P. ELLE	er.	19b. MAILIN	G ADDRESS (Street a	nd Number or Rural R	APOLIS, 1	State, Zip Co	21401
	20a. METNOD OF DISPOSITION 1	emoval from State	20b. PLACE AND DATE	OF OISPOSITION (Na		PATE 20c. LOC	ATION — City	y or Town, State
	4 Donation 5 Other (Specify)		HEIROFO.	LITER U	REMATUR	T. A AL	GAAND	RIA, VA
	ZHATGHATURE OF PUNERAL SERVICE	LICENSEIF //		22. NAME AN	D ADDRESS OF FAC	YILITY		
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AUG 0 4 1992 Shi Duid

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ELLER

8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

92 22933

B. BIRTNPLACE (State or Foreign Country)

Approximate interval Between **Onset end Deeth**

24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

YEAR

30 1992

3. TIME OF DEATN

2. DATE OF DEATH MONTH JULY

7. DATE OF BIRTH

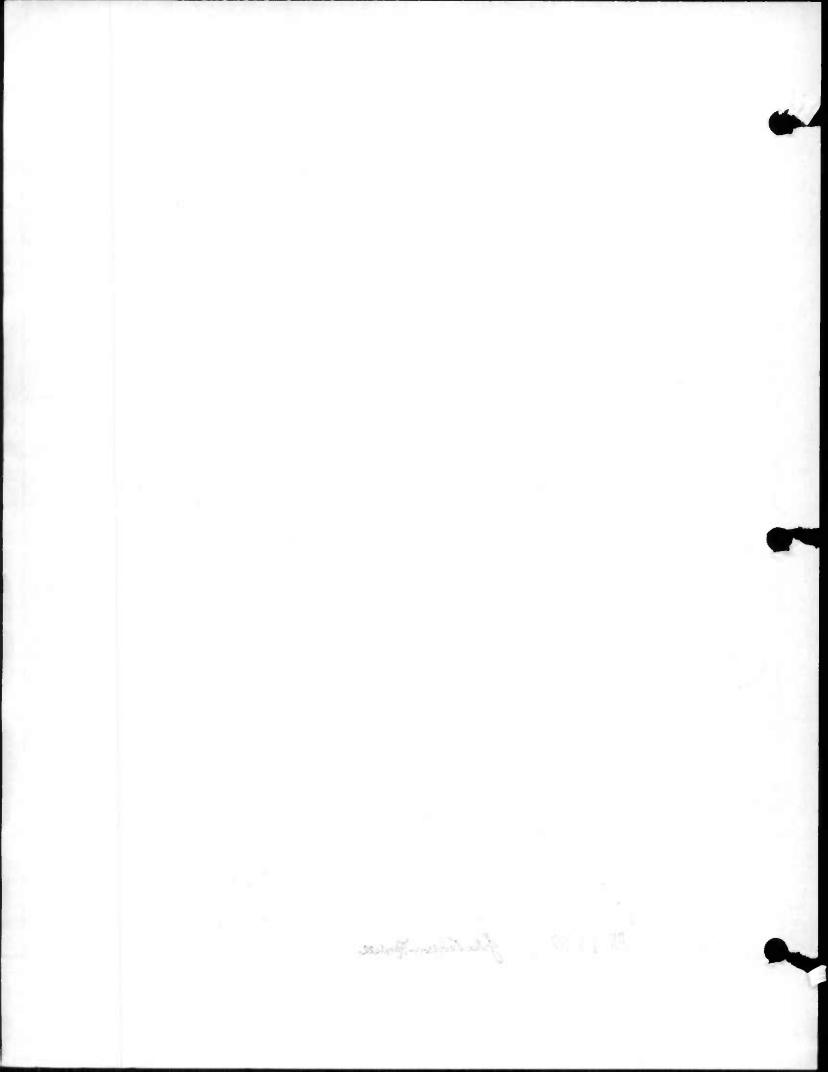
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BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires in the centilical to encoured within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the arresting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	on, or removal.	ne medical examiner must be notified at once.
RDS, P.O. BOX 68760,	general certificate be executed within a	by the attenting physician and completely	and were all Highers prior to burial, crematic	y injury, ogfother traumatic event, ti
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires III-	TO THE FUNERAL DIRECTOR: After this certificate has been signed	be filed within 72 hours after death with the State Dept. of Hear an	IMPORTANT: If Item 28 is marked, or Item 23 shows my infinity openhar traumatic event, the medical examiner must be notified at once.

							92	22934
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND / DEPAR CERTIF	TMENT OF I		MENTAL HYGIENI REG. NO.	E	
I	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	V540	3. TIME OF OEATH
Ì	Rebecca W. Eat	on				July 6,	1992	6:15
۱	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Fore
ı	219-14-4781	1 □ M 2 🛱 F	86 YRS.	MONTHS DAYS	HOURS MIN.	July 26,	1905 Coun	MD
١	9a, FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH
ı	Magnalia Hall Numgina Ctm			Chas	. + +	m MD	77 a m 4 3	z

Rebecca W. Ea	ton							July	6,	19	92	6:15a M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)			IF UNDER		7. DATE OF E (Month, De			8. BIRTHP Country)	LACE (State or Foreign
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Magnolia Hall	Nursing	g Ctr		(Ches	ter	towr	n, MD		Ke	ntX	
RESIDENCE OF DECEDENT			40. 017		OR LOCATION							10d. INSIDE CITY
											- 1	LIMITS?
MD 10a. STREET AND NUMBER	Q.A.			Cent	rev						- 1	1 X YES 2 NO
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15. DECEDENT'S ED	UCATION (e. completed)	16a.	DECEDENT'S	USUAL O	CCUPATIO	N t of wookin	200	16b. KIN	D OF BUS	INESS/IND	USTRY	White
Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u			t or work			Late	οv		
17. FATHER'S NAME (First, Middle, Last)			Dane	WOI	RCL	18. MOT	HER'S NA	ME (First, Middl				
Davis Walrav	on				- 1			garet				
19a. INFORMANT'S NAME (Type/Print)	211		19b. MAILING	G ADDRES	S (Street an			Route Number, (
Edward Turne	r Atty	_	100	Laur	TORG	Por	T Co	entrev	7i11.	o M	2.	1617
20s. METHOD OF DISPOSITION			CEANDDATE				w , OC	DATE		ATION —		
1 Buriel 2 Cremetion 3 Re-	noval from State		crematory or o									
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE.			22.	NAME AN	D ADDRE	SS OF FA	CILITY				
· el.	Fello							neral				
23. PART I. Enter the diseases, or				3	370 1	J (Cypr	ess S	St	Mill	ing	Approximate
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	O (OR AS A CON	SEOUENCE C	OF):	ers		Const	Sz Ca	\$7			quar
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d.	OR AS A CON	SEQUENCE C	OF):								
PART II. Other significant condition	ns contributing to	death but no	ot resulting	In the u	nderlyIng	COUSE	given in		PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T	-			24 M	ACE OF F	SEATH (C)	neck only one)				
EXAMINER?	HOSPITAL:			OTHE	PI:							
1 VES 2010	1 Inpatient 2		28b. Til	-	28c. INJU		asidenca	6 Other (S/		HIRV OCC	HIBED	
1 Natural 5 Pending 2 Accident Investigation	(Month, E	Day, Year)		M	1 U Y	RK?	□ NO	28d. DESCRI	GE HOW II	430H1 OCC	ONED	
3 Suicide 8 Could not b 4 Homicide detarmined		OF INJURY — A i, etc. (Specify)	t home, ferm,	street, fac	ctory, office	•		281. LOCATIO	ON (Street a own, State)	nd Number	or Rural Re	oute Number,
enel -	SICIAN: To the best of NER: On the bests of a											and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	much	Run				29c. LIC	DO 3	MBER 354		29d, DATI	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	Sauma	inn, I	M.D.	e, Print)	he	ste	rto	wn,	M	dia	216	20
31. DATE FILED (Month, Day, Year)		AR'S SIGNATUR		nd. aa				·				

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

CANCELL COLL COLL COLL COLL COLL COLL COLL	V The response that the death certificate he executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been uponed by the antimicing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.3 should	or removal.	medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN The Proposing that the death certificate he executed within 14 in	TO THE FUNERAL DIRECTOR: After this certificant has been abled by the unending physician and completely filled	be filed within 72 hours after death with the State and perfect man Mental Hydrere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MMichae
31. DATE-PRISO (Month, Day, Year)

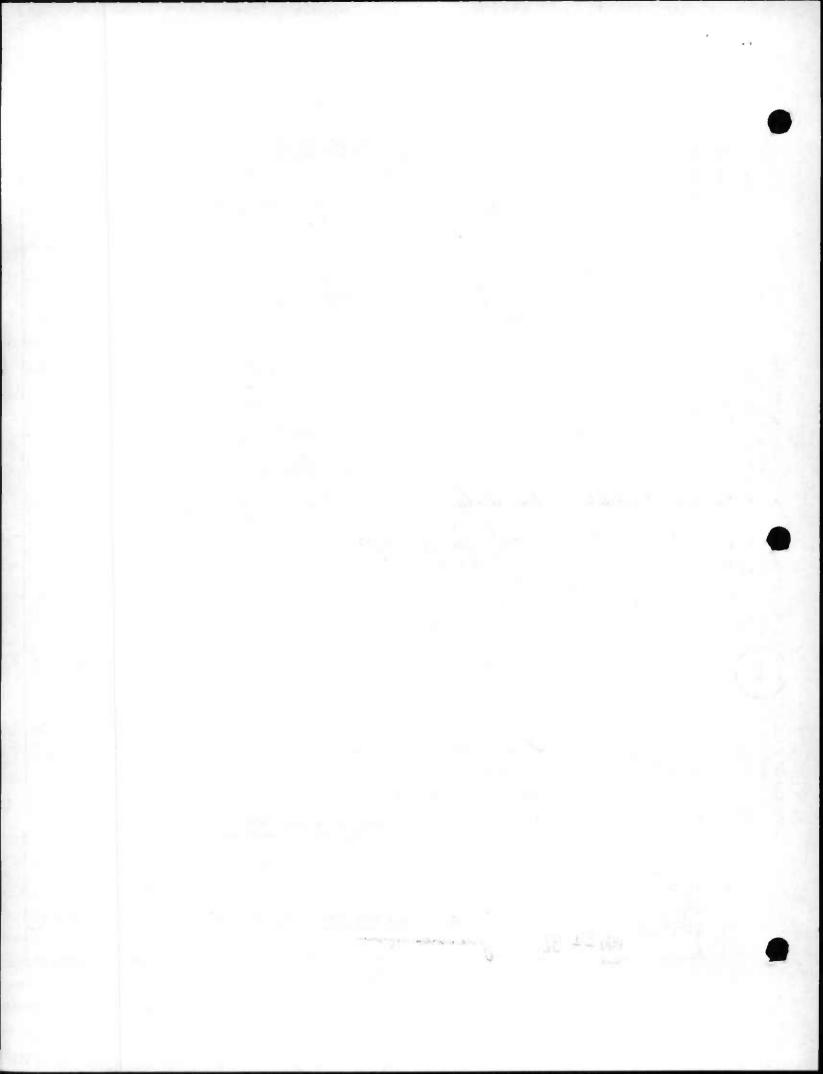
32 REGISTRAR'S SIGNATURE
Julia Savidson-Randolle

	FOR 1 - STATE DECISTRAD	STATE OF MA	ARYLAND / DEPA					2	2293	5
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTI	FICATE O	FDEATH	REG. N	0.		3. TIME OF DEATH	
	Harry		Oliver	Ervi	n	MONTH		YEAR	7:30	A
		5. SEX	. AGE (In yrs. lest birthde)	F UNDER 1 YEAR		7. DATE OF BIRTH		. BIRTHP	LACE (State or Foreign	_
	219-34-4174	1 M 2 F	56 YRS.	MONTHS DAYS	HOURS MIN.	May 7,	1936	Mar.	vland	
	90: FACILITY NAME (If not institution, give stre	net and number)		1000	OR LOCATION OF D	HTA	9c. COUNT			
BY FUNERAL DIRECTOR	The Kent and Queen	Anne's H	ospital,In	d. (hesterto	wn	k	Cent		
EC	10e. STATE 10b. COUNTY		10c. C	ITY, TOWN OR LOC	ATION				10d, INSIDE CITY	
PIG	Md. Onee	Anne		enterv	illo				LIMITS?	
AL	10e. STREET AND NUMBER				of. ZIP CODE		10g. CITIZ		IAT COUNTRY?	
EH	Rt. 2 Box 240				21617		US	Δ		
D.		12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARMED YES 2 NO	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify 'sn, Puerto Rican, atc.)		4. RACE -	- American Indian, White, atc.	
3⊀	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA	OR DATES		S 2 NO Speci			Specify	:	
	15. DECEDENT'S EDUCA		16a, DECEDENT	S USUAL OCCUPA	TION	165 KIND OF 8	USINESS/INDU		White	_
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	work done during i use retired.)	nost of working	IOD, KIND OF E	OSINESS/INDO	SINT		6
APL	12 Grade		Gen.	Forem	an	Tree	Expe	rts		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maid	en Surnama)			
BE (Thomas Ervin					Kemp				
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or T	own, State, Zip C	Code)		
	Joy Knotts E	rvin	Rt.	2 Box	240					
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ral from State	20b. PLACE AND DAT	other plecel			OCATION — C			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE?	I Ches	22 MARIE	d Cem.	OH CTV	enter			_
	1/2 15	11.1	1.	Hel.	Enhein	E H 10	3 Spee	er F	Rd.	
	22 PART I Seter the diseases of	Helpen	nen		CIIDCEII	F.H. Ch	ester	cowr	,Md.	
	23. PART I. Enter the diseases, or shock, pr heert failure. Li	st only Dne cous	o Dn each line.	not enter the n	lode of dying, suc	ch as cardiec or res	piratory arre	nt,	Approximata interval Between	een
	iMMEDIATE CAUSE (Final disease or condition		-11						Onset and Da	ath
	resulting in death) a.	DUE TO (AS A CONSEQUENCE	OFI: a	4				-	
z		myo	1 ()	('	L					
5	Sequentially list conditions, if any, leading to immediate		R AS A CONSEQUENCE		tion					
S	CAUSE (Disease or Injury									
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUENCE	OF):						
H	d.									
T.	PART il. Other aignificant conditiona	contributing to d	eath but not resulting	in the underly	ng cause given in	Part i. 24a. WAS	N AUTOPSY	24b. V	VERE AUTOPSY FINDIN	4GS
MEDICAL						PERF	ORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSI	Æ
Ä									F DEATH?	
ä										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	eck only one)				
YSI	1 🗆 YES 2 🗖 📶 O		R/Outpatient 3 DOA	OTHER:	me 5 🗆 Residence	6 Other (Specify)				
표	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED									
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF I	NJURY At home, ferm :. (Specify)	, atreet, factory, off	Ica	26f, LOCATION (Stree City or Town, Sta		Rural Ro	ute Number,	
ETED										
COMPL	(Check only		y knowledge, death occur							
00	2 MEDICAL EXAMINER:	On the basis of exam	nination and/or investigat	ion, in my opinion,	death occured at the	time, data and place,	end due to the	cause(a) a	and manner as stated	4.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		IMA		29c. LICENSE NUI	WBER	29d. DATE	BIGNED (A	Nonth, Day, Year)	
2		COMPLETED ONLY	DE DEATH OF THE	- Oder	D335	14	P 8	~3	-92	
	30. NAME AND ADDRESS OF PERSON WHO	R CONTRACTED CAUSE	OF DEATH (ITEM 27) (Typ	o, Print)	Kant-	100	11	1	1,	
	31. DATE-PILED (Month, Day, Year)	32 REGISTRAR	S SIGNATURE	(1.1).	116/11-	7.4.	1105	PI	lac	

CE 4 345

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	of in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires much demonstrates be executed within 24 hours after death. Page 6 may be retained by the hospital or attenting physician.	TO THE FUNERAL DIRECTOR: After this certificate has been is med by min appropriate and completely filled in by the funeral director, page 5 should be detached for use as the pural-transit permit. Penes 1. 2. 3 should	be filed within 72 hours after death with the State Dept. of Headward Hours Hydrene prior to burial, cremation, or	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H			GIENE	
	1. DECEDENT'S NAME (First, Middle, Last, NANCY E	dison				2. DATE OF DI	EATH	YEAR 3. TIME OF DEATH 12:15 PMM
	4. SOCIAL SECURITY NUMBER 407-12-1054	1 M 2 F	E (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Dey, 2-1)		BIRTHPLACE (State or Foreign Country) Kentucky
TOR	9a. FACILITY NAME (If not institution, give Sinia Hospital RESIDENCE OF DECEDENT	street and number)			timore	EATH	9c. COUNT	TY OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY Kentucky	Boyd	10e. CITY	, TOWN OR LOCAT	Catlet	tsburg	10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER Rt.1	10t. Zii			. ZIP CODE	41129	100	EN OF WHAT COUNTRY? J. S. A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes, sp	ENDENT OF HISPA scity Cubin, Mexico 2 NO Specia	an, Puerto Rican,	etc.)	14. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w life. Do NOT use Clerk	ork done during mo e retired.)	DN st of working		of Business/INDU	
H	17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (Type/Print)	wen Neal					ca Fields	
10	Carol Burgess 20a. METHOD OF DISPOSITION	La	7322P	rince Ge	orge Roa	ad Balt		ryland 20207
	1 Suriel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	ometery, cremetory or oth Catlettsb	urg Ceme		8/7	Catletts	burg, Kentucky
	23. PART I. Enter the diseases, or	margully that completely	and the death Do	3981 0	arrollto	Mar n Road	Honorgo	neral Service ,Maryland 21155
	shock, or heert fellura. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Symp	A CONSEQUENCE OF			n se cardiec o	r respiratory erres	st, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	A CONSEQUENCE OF	\(\frac{1}{2}\)				
MEDICAL	PART II. Other significent condition	ns contributing to deeth	but not reculting in	the underlying	ceuse given in	,	MAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATN (Ch		M.3	
ву РНУ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJU	JRY AT		HOW INJURY OCCU	RED
ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spi	IY — At home, term, st ecify)	reet, factory, office		28t. LOCATION City or Town	(Street and Number or i, State)	Rural Route Number,
COMPL	One) 2 MEDICAL EXAMIN							i. cause(s) and manner as stated.
TO BE	26. STANSTONE AND TITLE OF CERTIFIE	O COMPLETED CAUSE OF D	EATAL GYPAR AM (Tour		29c. LICENSE NUI	ABER	29d. DATE S	SIGNED (Month, Day, Year) -3-92
	OUSTAVO RIVERE	32. REGISTRAR'S SIG	6, Rellim	Rd, Be	elf, MD,	2120	9-51	noil Hospital
	HIP IT I	L goha	Andrigen 1 h	- Proces				DHMH-18 Rev 1/89



1 -

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH		WW.	3. TIME OF DEATH
	CHARLE	=5 €	ELMER	F	RIT	5				MONTH 4	DAY	72	520 AH
	4. SOCIAL SECURITY NUMBER		5. SEX 8	L AGE (In yrs. last	birthday)	IF UNDER 1		IF UNDER		7. DATE OF BIRTH (Morith, Day, Year)		8. BIRTH	IPLACE (State or Foreign
	2-17362	674	1 2 M 2 D F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, 1997)	07	Mar	vland
	90. FACILITY NAME (If not in	natitution, give s	treet end number)			9b. CITY,	TOWN C	R LOCATIO	DN OF DE	ATH	Sc. COL	INTY OF D	
DIRECTOR	Carroll RESIDENCE OF DEC		Genera	٩		W	es	mi	tzn	er, md		cir	roll
Ä	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS?			
	Maryland		rroll		Wes	stmin	ıst	er					1 ☑ YES 2 ☐ NO
FUNERAL	10s. STREET AND NUMBER			-			101	ZIP CODE			_		VHAT COUNTRY?
Ä	1901 Old Washington Rd.							L157			U.S.	Α.	
						F HISPAN n, Mexical	NC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No-	14. RACI Black	— American Indian, k, White, atc.			
ВУ	3 Widowed 4 Dive		IF YES, GIVE WAI	R OR DATES		11	☐ YES	2 NO	Specify			Speci	White
Ĕ	15. DEC (Specify onl)	EDENT'S EDU	CATION completed)	/GI	um kind of u	USUAL OCC	CUPATIO	ON st of workin	g	16b. KIND OF I	USINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0	0-12)	College (1-4 or 5+)	Fa	rinei	e retired.)	Sal	esma	an	Pione	er C	orn	
á	17. FATHER'S NAME (First, M									ME (First, Middle, Maid	en Sumeme)		
BE	George Wa		Fritz					Maı	cy E	. Young			
2	Martha Ne		Fritz	196	MAILING 901	Old	Street e	nd Number shir	or Rural F	n Rd. W	own, Stelle, Zi estin	inst	21157 er,Md.
	20a. METHOD OF DISPOSIT	TON		20b, PLACE A			-	_			LOCATION -		
	1 Burial 2 Crematic		oval from State	Krid	natory of of	ther place)	net	erv					r,Md.
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	1		22. N	AME AN	D ADDRES		CILITY			
	Thomas D. Fletcher & Son F.H. 254 E. Main St. Westminster, Md.												
	23. PART I. Enter the d	liseeses, or c	omplications that	coused the de	eth. Do n	not enter t	he mo	ds of dyl	ng, such	se cerdiac or res	piretory a	reat,	Approximate
	shock, or h		List only one ceuse										Interval Between Onset and Death
	disease or condition resulting in death)	→	Caro	LI COC	ein	C 9	sh	BC	14-	goss. h	le M	MI	hrs
	Tooding in deality		DUE TO (O	0			,			9	61		
Z	Sequentially list condit	ione T	cu			orra	91	C -	LSC	hemic	Gol	115	acrus
Ĕ	if any, leading to imme	diate	DUE TO (O	R AS A CONSEC	-00-	-				7			
CERTIFICATION	CAUSE (Disease or Inju		DUE TO (O	R AS A CONSEC		IN	an	CTIC	DN	June	-012	-	
H	resulting in death) LAS	T	Stac	1 e. W			20.00	la	6	Avost	ato		
	PART II. Other algnifice	nt condition	e contribution to d	1									
MEDICAL	TATE II. Other algentice	SIR CONGRESS	s contributing to us	ment but not n	saulting i	n the und	eriying	g cause g	iven in	Pert I. 24s. WAS. PERF	ORMED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ā										1 TYES	2 NO		OF DEATH?
_										_			1 TYES 2 NO
AN	25. WAS CASE REFERRED TO	O MEDICAL											
PHYSICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:	DOMESTIC D		OTHER:				ck only one)			
¥	27. MANNER OF DEATH		28e. DATE OF IN		28b. TIM	-	-	e 5 ∐ Re	sidence	6 Other (Specify) 28d, DESCRIBE HOV	V IN HIRV OC	CUBED	
		Pending	(Month, Day,	Year)		URY	WO	RK? (ES 2	NO	TOO. DEGOTION TOO		CONLD	
Э ВУ	2 D Butelds	Investigation Could not be	280. PLACE OF	NJURY — At hor	ne, farm, s	street, fector				281. LOCATION (Street	it and Numba	r or Runal F	loute Number,
H		datermined	building, at	c. (Specify)						City or Town, Sta	to)		
3	29e. CERTIFIER (Check only	TIFYINO PHYSI	CIAN: To the best of m	y knowledge, des	th occurr	ed at the tim	o date	and place	and due	to the cause(s) and s	anner es etc	ted	
COMPLETED) and menner es stated.
Ö	290 SHOWATURE AND TITLE				-				NSE NUM				(Month, Day, Year)
0	Shu	2. 1	Alu,	mi				20	9 9	557	> 5	2 4	191
임	30. NAME AND ADDRESS OF	F PERSON WH	COMPLETED CAUSE	OF DEATH (ITEM	1 27) (Type,	Print)			V		4.	7 7	
	John	E. S	STEERS	smi) 5	42	W	ashin	19	on Rdi	We	stn	muster wa
}	31. DATE FILED (Month, Day,	6 '92	32. REGISTRAR	S SIGNATURE	_wan	نوالاد.							211.57
	MUU U	0 32	Jon	A INVESTIGATION	-16.4								7.19

permit. Pages 1, 2, 3 should

pe must examiner medical the traumatic event, or other injury, signed by the shows any s certificate has been slith the State Dept. of He this c marked, TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After thi be filed within 72 hours after death wi IMPORTANT: If Item 28 is marki

PHYSICIAN:

BY

COMPLETED

2

25. WAS CASE REFERRED TO MEDICAL

5 Pending

Investigation

EXAMINER?

27. MANNER OF DEATN

1 Natural

2 Culate

EDITH FALKENBACH 92 22938 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATN YEAR EDITH DORIS FALKENBACH 7.45 92 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTIN (Month, Day, Year) 7-21-01 IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign PENNSYLVANIA MONTHS DAYS HOURS MIN. 1 M 2 XF 156-42-1099 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR SALISBURY NURSING & REHAB. CENTER SALISBURY, MD. WICOMICO 10h COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD WICOMICO SALISBURY 1 YES 2 NO FUNERAL 10s, STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 1 DEER HARBOUR DRIVE 21801 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, aic. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 🕅 Widowed 4 🗍 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 12 CLERICAL OFFICE 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) GEORGE (UNK) ALICE (UNK) NORTON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 GLADYS UNDERWOOD DEER HARBOUR DR. SALISBURY, MD 21801 20s. METHOD QE DISPOSITION
1 ☐ Burlel 2 ⚠ Cremetion 3 ☐ Removal from State
4 ☐ Donation 6 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State SALISBURY CREMATORY SALISBURY, MARYLAND 21. SIGNATURE OF PUNETIAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Hol HOLLOWAY FUNERAL HOME Howa 501 SNOW HILL RD SALISBURY, MD 23 PARTY. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fallure. List only one cause Interval Between MEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) LAL CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events QUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 TYES 2 TRO OF DEATH?

1 Inpatient 2 ER/Outpatient 3 DOA

28s. PLACE OF INJURY ... At home, form

28a. DATE OF INJURY (Month, Day, Year)

28d. DESCRIBE NOW INJURY OCCURED

1 - YES 2 - NO

OTHER:

4 Nursing Nome 5 Residence 6 Other (Specify)

3 Suicide 4 Nomicide	6 Could not be determined	28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of a

28b. TIME OF

at my opinion, death occured at the time, data and	place, and due to the cause(s) and manner as stated.
29c, LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
	29c. LICENSE NUMBER

26. PLACE OF DEATN (Check only one)

26c. INJURY AT WORK?
1 YES 2 NO

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOSPITAL:

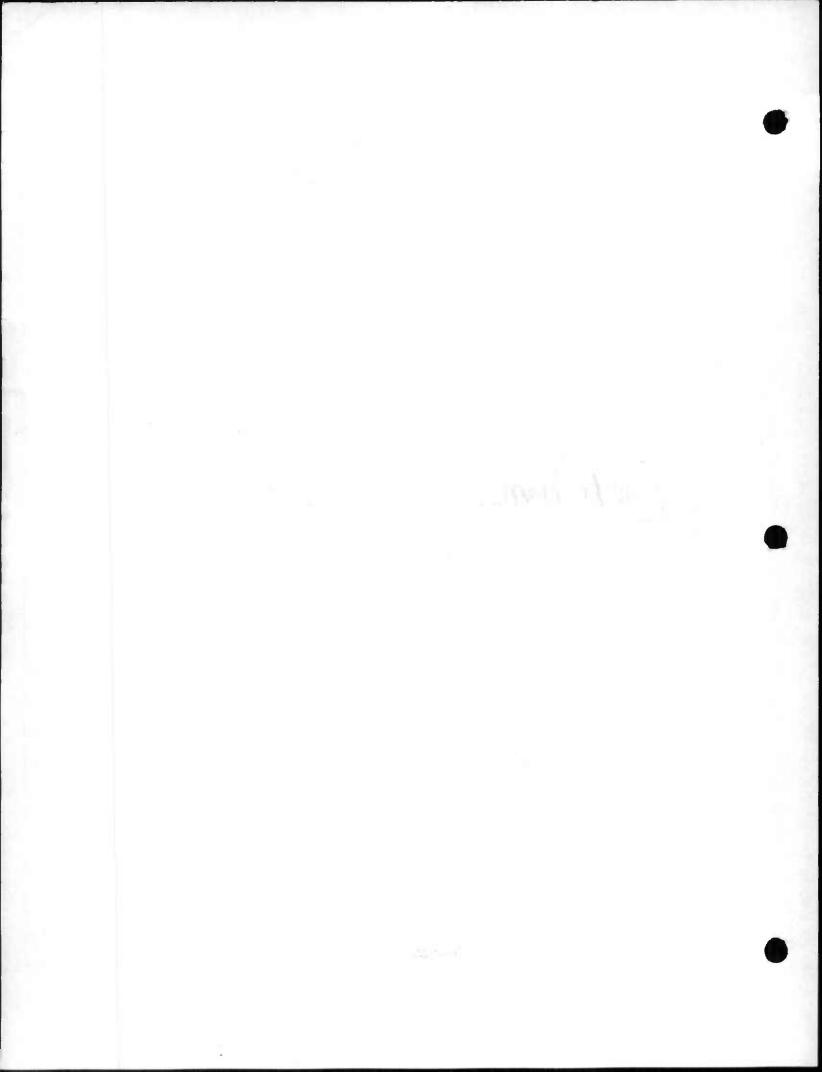
EDDIE VELAZQUEZ M.D., 1104 HEALTHWAY DRIVE, SALIBURY, MD. 21801

31. DATE FILED (Month, Day, Year) 12. REGISTRAR'S SIGNATURE 2 1 1992

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	1. DECEDENT'S NAME (First		-			IOAI		DEA		2. DATE OF				3. TIME OF DEATN	
		ssie	Kate	Fi	nk					July	16,	19	92	4:30 P.	м
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yr	s. last birthday)		R 1 YEAR	-		7. DATE OF	витн		S. BIRTH	PLACE (State or Forei	gn
	220-28-900		1 □ M 3(X)F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar.	24,1	908	Md.	V)	
	9a, FACILITY NAME (If not in					9b. CIT	Y, TOWN	OR LOCATI		ATH			ITY OF D	EATH	
6			Nation	al Pi	ke			Mi	dd1	etown			Fre	ederick	
딥	RESIDENCE OF DEC	10b. COUNTY	,		100 017	Y, TOWN	00100	TION							
DIRECTOR	Md.		Frede	rick				town						10d. INSIDE CITY LIMITS? 1 YES 2 YOU	
FUNERAL	104. STREET AND NUMBER 2332 010	l Nati	ional P	ike			,	of. ZIP CODE	769			-	S.A.	HAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 3 X Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	X NO		If yes, s	ECENDENT Coperation of the control of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the copera	n, Maxica	IIC ORIGIN? (5 n, Puerto Rice /:	Specify Yes en, atc.)	or No-	14. RACE Black	- American Indian, White, atc.	
	15. DEC (Specify only	EDENT'S EDUC	CATION COMPRISED	16a	DECEDENT'S	USUAL C	CCUPAT	TION		16b, KJ	ND OF BUS	NESS/INO	USTRY		
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	-)	(Give kind of life. Do NOT us	ema			ng		OW	n h	ome		
OM	17. FATHER'S NAME (First, M	iddle, Last)						18. MOTI	NER'S NA	ME (First, Midd					
BE C	Ca1	vin K	Koogle							y She					
10	19a, INFORMANT'S NAME (7									Route Number,					
-	Darlene (ey	Dr.,	Sout	h H	arl:		Гех.
	20a, METHOD OF DISPOSITI 1 ABurial 2 Crematio 4 Donation 5 Other	n 3 🗆 Ramo (Specify)			thera	n C	eme	tery		7/19	20c. LOC Mid	dle	town	, Md.	
	21. SIGNATURE OF PUNERA	SERVICE	DWA			22.	DO 31	nald	B.	Thom	pson	Fur	nera	1 Home	177
	23. Pahr Emer the di	2 10 88888	omnifications the	Counad the	death Do	not enter	J 1	E e	маті	ı st.	, M1	aare	SCOM		
	ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in deeth)	sert lellure. I	aid	lue.	NSEQUENCE O	ed	_	Cer	Λ	o Va		0	h_	Approximate interval Bety Onset and D	reen
CERTIFICATION	Sequentially list condition in any, leading to immercause. Enter UNDERLYI CAUSE (Disease or injuithet initiated events	diate NG ry			NSEQUENCE O		7.								
ERI	resulting in death) LAS		1			_									
	PART II. Other algnifice	nt condition	e contributing to	death but n	ot resulting	In the U	nderivi	no cause o	lven in i	Part I 24	a. WAS AN A	UTOPEV	246	WERE AUTOPSY FIND	NCC
MEDICAL											PERFORM	ED3	1	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	3.5
Ä	25 WAS CASE DEFENDED TO	· ·													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:			OTHE		PLACE OF D	EATH (Che	ock only one)					_
¥.	27. MANNER OF DEATH		1 Inpetient 2 I		28b, TIM	-	-		sidenca	8 Other (S					
BY PI	1 Netural 5 🗌	Pending nvestigation	(Month, D			URY M	W	YES 2] NO	28d. DESCRI	IBE NOW IN	JURY OCC	URED		
		Could not be letermined	28s. PLACE O building,	F INJURY — A etc. (Specify)	t home, term, i	street, fac	tory, offi	Ica		281. LOCATIO City or To	ON (Street an own, State)	d Number	or Rural A	oute Number,	
COMPLETED			CIAN: To the best of												
8	A 40 MEDI			amination and	i/or investigation	in, in my o	opinion,	death occur	ed at the	time, data and	d placa, and	dua to the	cause(a)	and manner as state	d.
H	296. SKONANIN AND TITLE	OF CERTIFIER	7					29c. LICE	NSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)	
유	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF OEATN	(ITEM 27) (Type,	Print)							100		\dashv
	31. DATE FILED (Month, Day, 1)	1992	32. REGISTRA	R'S SIGNATUR											
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ALTIMORE, MARYLAND 21215-0020	leath. Page 6 may be retained by the hospital or attending physicial	funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh
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medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68750

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be immediate within 24 loans after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician are commenced in by the funeral director, page		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traummit went, the medical examiner must be a
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1. DEC	EDENT'S NAME (First	t, Middle, Last)						DEAT		REG.			3. TIME OF DEATN
		odrow	Wilson	1	FISH	ER				July 1	DAY 7 90	2 YEAR	12:19 A.M
4. SOC	TAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. I	est birthday)		ER 1 YEAR	IF UNDER 2		7 DATE OF BIRTH		B. BIRT	TNPLACE (State or Foreign
17	9-20-0920	0	1 💹 M 2 🗆 F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	Talle 3, You	1913	Cour	Tennsyl vani
	347 Sherr	wood F	orest Dri	.ve				t Air		ATN	9c. CO	UNTY OF	rederick
Flo:		10b. COUNT	olk		10c. CIT	ndi	an L	ake E	sta	tes			10d. INSIDE CITY LIMITS? YES 2 NO
Pa (O. Box 70						101.	ZIP CODE 338	55		10g. CI	TIZEN OF	WHAT COUNTRY?
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	onation 6 - Other		Ovar IIOIN Stata	Smith:	sburg	cre	mato:	ry	7-1	4-92 Smi	thsbur	g, l	laryland
4 🗆 Do	NATURE OF FUNERA	AL SERVICE LIC	ENSEE BASTO	L MO	00021	22	Keen	ney a East	of FAC	Basford I urch Str	unera	l Ho	
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Arthur G. Manalo, M.D., 187 Thomas Johnson Drive, Frederick, Md. 21701

31. DATE FUED (Month, Day, Man)

32. REGISTRAR'S SIGNATURE

And Manalo, M.D., 187 Thomas Johnson Drive, Frederick, Md. 21701

31. DATE FUED (Month, Day, Man)

Dr. Arthur G.

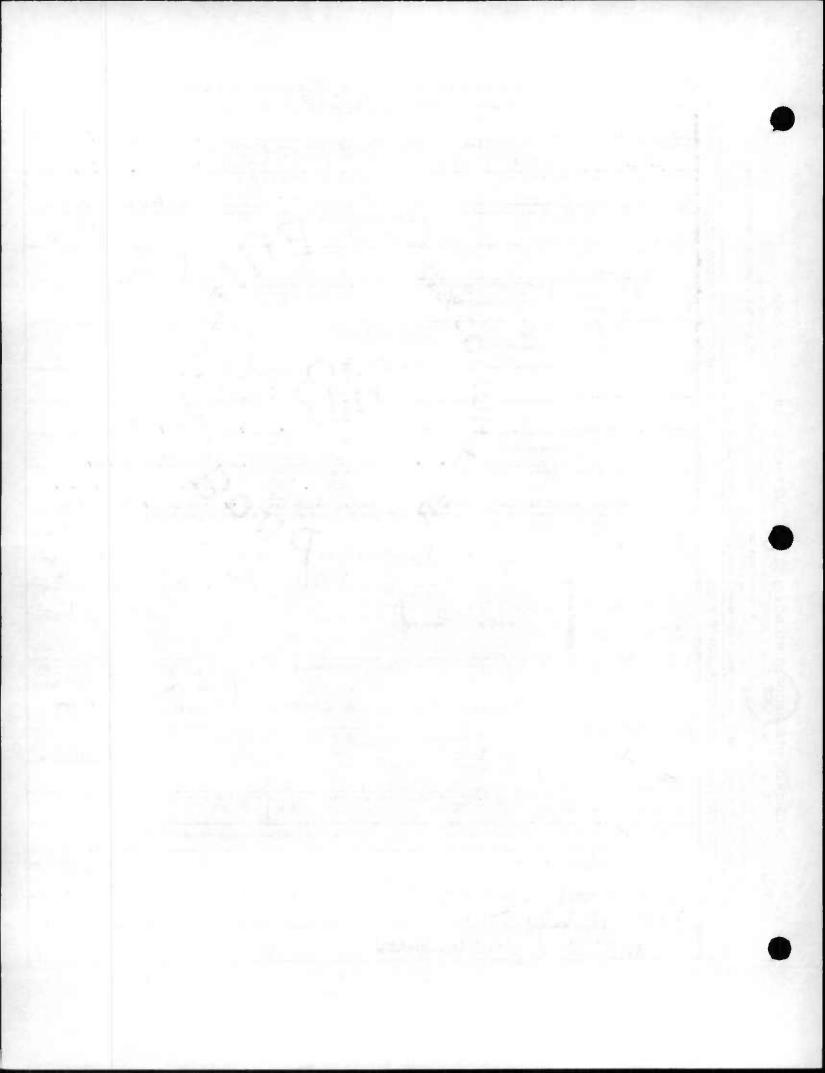
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	1 - STATE OF M		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	22 22341
	1. DECEDENT'S NAME (First, Middle, Lest) EDWARD FLOREAM	EDWARD ANTHO		2. DATE OF DEATH DAY	YEAR 4 39 pm
	4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 9e. FACILITY NAME (if not institution, give street and number)	86 YRS. MO	FUNDER 1 YEAR IF UNDER 24 HRE INTHE DAYS HOURS MIN	(Morrity, Day, Year) 04/15/0(6	St. Louis, MO
DIRECTOR	FAllston General H	raspital F	Tallston MI	2	HANFORD
	Maryland Harford		Air		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	108 Idlewild Dond		101. ZIP CODE 21014		USA
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARMED YES 2 MINO AR OR DATES	13. WAS DECENDENT OF HIS It yes, specify Cuban, Mes 1 YES 2 NO Specify Cuban		14. RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +	Mo On MOT use of	done during most of working stired.)	166. KIND OF BUSINESS/	INDUSTRY
BE CON	17. FATHER'S NAME (First, Middle, Lest) Albert Florian 19a. INFORMANT'S NAME (Type/Print)		16. MOTHER'S Anna	NAME (First, Middle, Melden Surneme (nmn) Placatka rel Route Number, City or Town, State,	i
5	Frances Florian	108 Id	lewild Apt.	2A , Bel Air,	
TO BE COM	1 □ Burlel 2 SECremetton 3 □ Removel from State 4 □ Donation 2 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	cometery, cremetory or other R. A. Fer	ris Crematory 22. NAME AND ADDRESS OF HOWARD K. MC	7/25/92 West	
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Rand Pulm	enter the mode of dying, a many A and during A SCVD	LUAT	Approximate interval Batwee Onset and Deat
MEDICAL C	PART II. Other algnificant conditions contributing to	death but not resulting in t	he underlying cause given	In Part I. 24a. WAS AN AUTOPS PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DE CAUSE DE DEATH? 1 YES 2 NO
TED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	ER/Outpatient 3 DOA 4 NJURY 28b. TIME O	WORK? M 1 VES 2 NO		
COMPLET	29a. CERTIFIER (Check only only 2 MEDICAL EXAMINER: On the basis of ax				
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	E OF DEATH (ITEM 27) (Type, Pri	29c. LICENSE P	10MBER 29d. D	ATE SIGNED (Month, Dey, Year)
	31. DATE FILED (MONTH, Day, Year) 32. REGISTRAF	R'S SIGNATURE	3 BOULTON	87. SUITE ?	B Bel aum
Ш	JU 23'92 Julie	Savidson-Randell	1		DHMH-16 Rev 1



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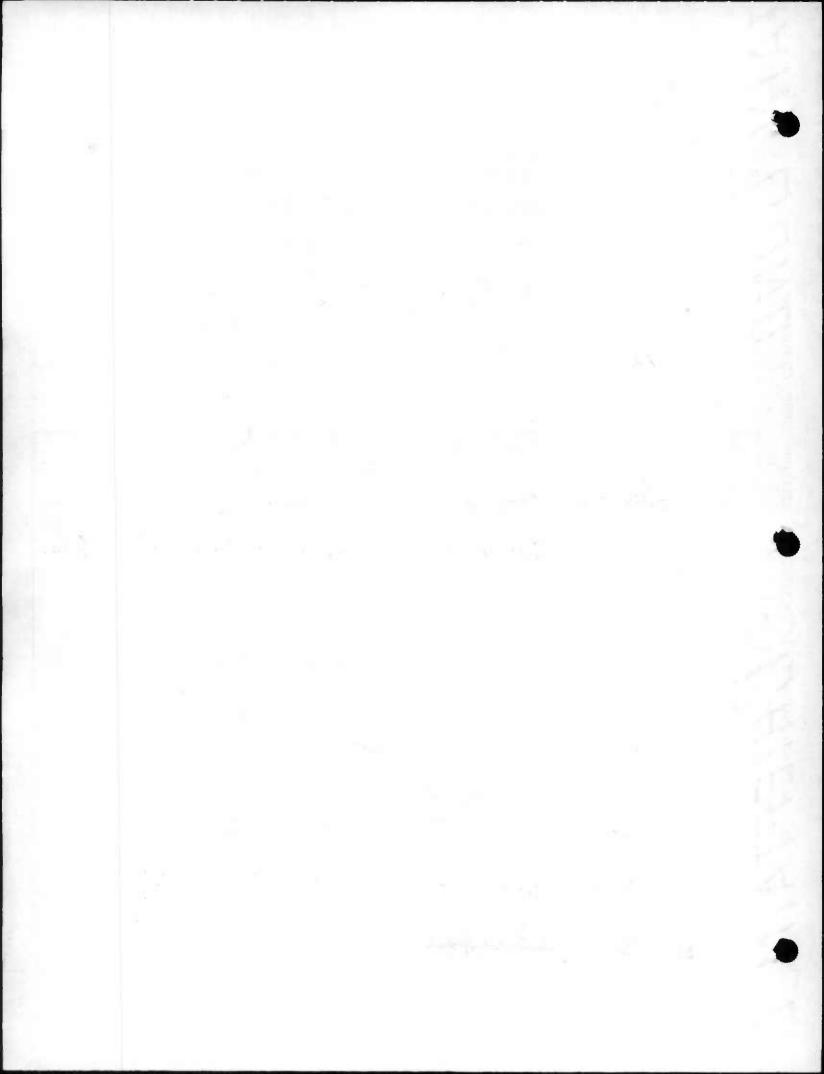
32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND /	DEPAR	CATE C	HEALTH A	AND ME	NTAL HYGIEN	E	3 6	22942
	1. DECEDENT'S NAME (First, Middle, Last)	Lellian	F	ra	1er			DATE OF OEATH MONTH	" 2	95	TIME OF DEATH A
	071-14-8863	1 □ M 2 🙀 F	(In yrs. less	YRS.	IF UNDER 1 YEA		BARRA!	DATE OF BIRTH (Month, Day, Year) 4/3/1923		8. BIRTHPI Country) New	ACE (State or Foreign
TOR	90. BASILITY NAME (If not institution, give to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	MOMAL HO	8014	al		n or location ce de G		Н		rford	тн
DIRECTOR	Maryland Harf				town on Lo						Od. INSIDE CITY LIMITS? YES 2 NO
RAL	100. STREET AND NUMBER 364 Walker Stree					101. ZIP CODE			10g. CIT		AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 12 XYES IF YES, GIVE WAR OR D WW II	2 N		If yes	21001 DECENDENT OF, specify Cuben, res 230 NO	Mexican, F	ORIGIN? (Specify Yee Puerto Ricen, etc.)	or No	14. RACE Black, Specify:	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(Gi life.	ve kind of w Do NOT use	retired.)	most of working		16b. KIND OF BUS		DUSTRY	
OME	12 17. FATHER'S NAME (First, Middle, Last)		De	ntal	Assist		D'C NAME	Den (First, Middle, Melden			
BEC	Walter J. MacInt	yre						McLagan	Surneme)		
TO B	19e. INFORMANT'S NAME (Type/Print)		190	. MAILING	AODRESS (Stre			e Number, City or Town	n. State, Zip	Code)	
	Arthur E. LaGran	ige	1	326 5	arato	ga Dri	ve,	Bel Air,	MD 2	21014	
	20a. METHOD OF DISPOSITION 20 Souriet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State Cen	netery, crer	natory or off	FOISPOSITION Per placa) Temoria	(Name of al Garde	ens i			city or Town	yland
200	21. SIGNATURE OF FUNERAL SERVICE LIN	ous Unai	العا	bis	Tarı Abei	deen, l	rgo E Maryl	uneral H and 2100	ome, 1-339	P.A.	
TO BE COM	23. PART I. Enter the disease, or ahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition recuiting in death)	List only one ceuse of e	ach line.	2	Co	PD.	g, auch a	a cerdiac or respi	ratory arr	eat,	Approximate Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A OUE TO (OR AS A									
AN: MEDICAL CER	PART II. Other significent condition GVam Melan Mctal Geographic Analystes	ive seps	S DC4	paulting in	the underly	ring cause giv	ren in Par	1 I. 24s. WAS AN PERFOR	MED?	A C	ERE AUTOPSY FINDINGS (AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 ND	NOSPITAL:			OTHER:	PLACEOF DEA					
HYS	27. MANNER OF DEATH	1 Nepatient 2 ☐ ER/Outs 28e. DATE OF INJURY	entient 3	DOA 28b. TIME		ome 5 Reeld		Other (Specify) d. DESCRIBE HOW IF	UIIBA VV	TIBED	
D BY PF	1 Netural 5 Pending Investigation	(Month, Day, Year)		INJU	RY	WORK?		PLYSTIDE HOW IF	JUNI OUL	VILL	
TED B	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, stc. (Spec	— At hon	ne, ferm, st	reet, factory, o	ffice	28	f. LOCATION (Street e City or Town, State)	nd Number	or Runal Rou	te Number,
MPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my know R: On the beele of examination	ledge, dea n end/or ir	th occurred	at the time, d	ete end piece, er	nd due to t	he cause(e) end men	ner ee stat	ed,	nd menner en stated
D BE COMPLETE	29b. SIGNATURE AND TITLE DF CERTIFIER			_		29c, LICENS				SGNED (M	
2	30. NAME AND ADDRESS OF ERRON WH	O COMPLETED CAUSE OF OE	ATH (ITEM	27) (Type, I	Print) A D	1 ()	100		-	1	1-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the concentration of the manufacture of the property of the control of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the secur

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
-	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIL OF	CEF		ICATE (MENIAL	REG. NO				
	1. OECEOENT'S NAME (First, Middle, Last)							2 DATE OF	OFATH		Marc	3. TIME OF OEATH	
	FRANK FRY							AUGU	ST 2	19	92 YEAR	12:20	рм
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. lest b	irthday)	IF UNDER 1 YE	AR IF UN	DER 24 HRS.	T DATE OF	DICTH		0.04071	UDI ACE (Chair or Co.	-
	164-07-7754	1 X M 2 - F		YRS.	1	YS HOUR		(Month, E	1 5 1	906	Count	LAWARE	
		21	00		01 0777 70		47:00:07:0		1,,1				
Œ.	9a. FACILITY NAME (If not institution, give a MAGNOLIA HALL		G HOME		96. CITY, TO			EATH			ENT	DEATH	
유	RESIDENCE OF DECEDENT	NORBIN	O HOHD		OIIDO	THILL	OWIA			1	DIAT		
DIRECTOR	10a, BTATE 16b. COUNT	Y		10c. CIT	Y, TOWN DR L	OCATION						10d, INSIDE CITY LIMITS?	
	MARYLAND KEN	1 T		RD	1, BO	X_48	1 GA	LENA				1 - YES 2 X	40
4	10e. STREET AND NUMBER					101. ZIP C	OOE			10g. CIT	IZEN OF	WHAT COUNTRY?	
ᇤ	RD1, BOX 481					21	635				US	SA	
FUNERAL	11. MARITAL STATUS		NT EVER IN U.S. ARME					NIC ORIGIN?		s or No-	14. RAC	E — American India	n,
BY F	1 Never Married 2 Married 3 Widowed 4 Utvorced		WAR OR DATES			YES 2 X		an, Puerto Ric ly:	en, etc.)		Spec		
60	15. DECEDENT'S EQU	CATION	16a OFCE	OENT'S	USUAL OCCU	PATION		18h K	IND OF BU	SINESS/IN	DUSTRY	WILLIE	\dashv
	(Specify only highest grade	completed)	(Give	kind of	work done during retired.)		orking	100.10		J. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11 C. 11	D001111		
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COMPLET	OR CATHERING MANNE (Flore Addedity Asset)			OUP.	ERVIS		07115010 11	A 8 65 65 1 A 6 1 A	AT8				
8	17. FATHER'S NAME (First, Middle, Last)							AME (First, Mid		Sumame)			
띪	PHILIP FRY							A HIN					
6	19a. INFORMANT'S NAME (Type/Print)			MAJLING	ADDRESS (S	treet and Nun	nber or Rural	Route Number,	City or Tox	vn, State, Zi	ip Code)		
	ERNEST COOKER	≀LEY (A			BOX					MD.	216	520	
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 □ Comation 3 □ Ren	noval from Btate	20b. PLACE Of other place	0)		of cometery, o	cremetory or		20c. LC	CATION -	- City or T	own, Btata	
	4 Donation 5 Other (Specify)		_ CAPI	TA	L CRE	MATO	RY			DOV	ER,	DE.	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				ME AND ADD							
	1. Mar. B. I	1000011						LS FU					
	23. PART I. Enter the diseases, or	ecosos the	et sevend the deat	h De	413	HIG	H ST	CHI	STE	RTO	IN_	MD. 216	
	immediate cause (Final disease or condition resulting in death)	a. Caro	In o m Li O (OR AS A CONSEQU		Plu	lny.	61	K	luci	۵) ا	xte	Interval Be Onset and	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	O (OR AS A CONSEQU		ĺ	\							
	PART II. Other algnificant conditio	ns contributing t	o deeth but not re	sulting	in the unde	riying csu	se given is	n Part I. 2	4a. WAS AI	N AUTOPSY	24	b. WERE AUTOPSY FI	NDINGS
ICAL				-0.0	100000				PERFO	RMED?		AMILABLE PRIOR COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF C	
MEC												1 YES 2	10
Ž													
C	25, WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE C	OF DEATH (C	theck only one)					
YSI	1 YES 2 2 NO		☐ ER/Outpatient 3 ☐	DOA	4 Littersing	Home 5	Residence	6 🗆 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 1	28a. DATE ((Month,	Dey, Year)	28b. Til	JURY	C. INJURY A WORK?		28d. OESC	RIBE HOW	INJURY O	CCUREO		
ВУ	2 Accident Investigation 3 Suicide 6 Could not be		DF INJURY — At hom	o, farm,			2 110				er or Rural	Route Number,	
TED	4 Homicide 6 Could not be	bulldin	g, etc. (Specify)					City or	Town, State)			
=	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the heat	of my knowledge deal	th occur	red at the time	data and n	lace and de	in to the cause	e/e) and m	noner se et	eted		
COMPLET	(Check only one) 2 MEDICAL EXAMIN	The second second second										(s) and manner as s	tated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R /		_		29c.	LICENSE N	UMBER		29d. DA	TE SIGNE	D Morith, Day, Year)	
BE	1.010	(0-	-1 nm	4	Mo	7	110	400	,	> 1	Z U	92	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USE OF DEATH (ITEM	27) (%		1/	10	10				116	
	WAYNE D. BENJA		/			C C	III CO	ED TO CT	TAT 1	MD	2.1	620	
3	31. DATE FILED (Month, Day, Year)	32. REGIST	RAR'S SIGNATURE	LUA	L BLD	G, C	прог	ERTOW	1N ,	MD	21	620	
20	AUG 5 '92	Julie Savid	MAR'S SIGNATURE										
	1005) 34	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-											



the artending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. me sath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN The product that the certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTION. After this certificate has a certificate has been accompletely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Death with the State Death with the State Death with the State Death with the State Death with the State Death with the State Death with the State Death with the State Death with the State Death with the Death of the State Death with the State Death with the State Death with the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Death of the State Dea DIVISION OF VITAL RECORDS, P.O. BOX 68760,

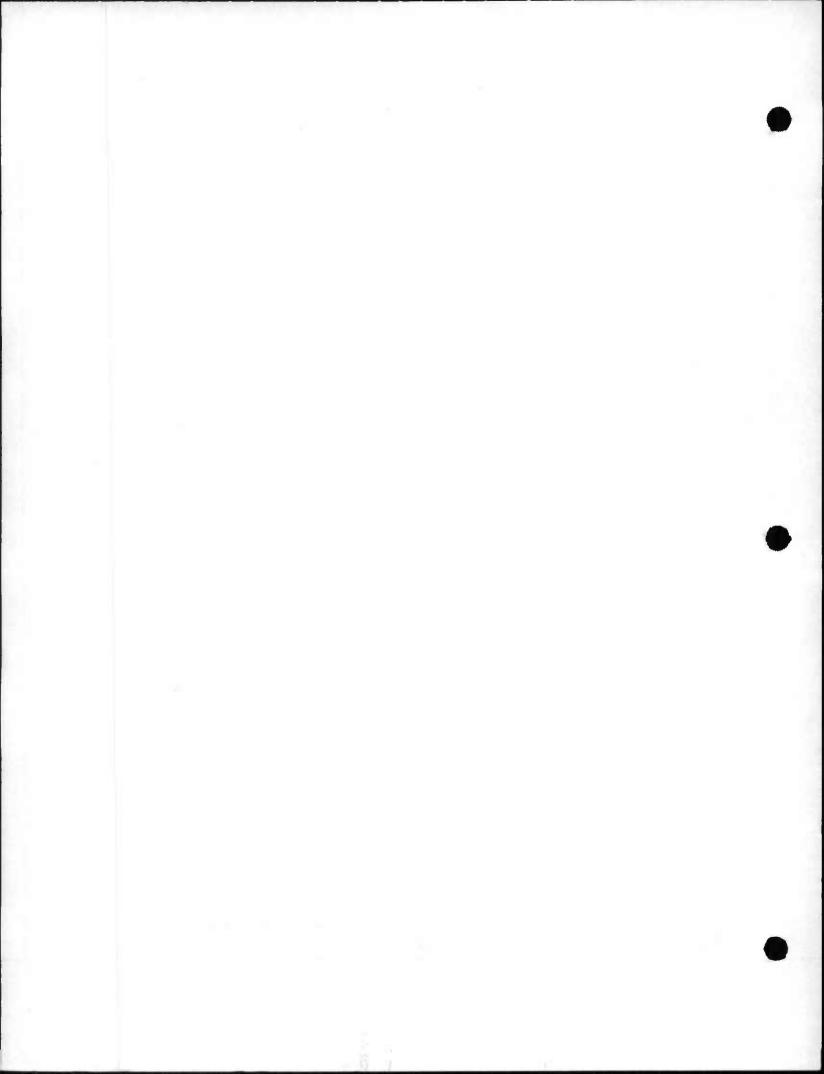
FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

									HEG. NO.				
	1. DECEDENT'S NAME (First, Middle	GTEON	Far	me	٠	Sr	2. E	2. DATE OF DEATH MONTH DAY YEAR			TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1		IF UNDER 24 H	IRS. 7. D	ATE OF BIRTH	-7	Gran.	ACE (State or Foreign	
	292-07-5860	1 M 2 - F	1	Z YRS.	MONTHS	DAYS		III.	Month, Day, Year) 04-24-00		Country)	gland	
	Sa. FACILITY NAME (If not institution	n, give street and number)			9b. CITY, 1	TOWN C	R LOCATION (04-24-00		NTY OF OEA	<u> </u>	
5	Baltimore CC	untv Genera	1 Hospi	tal		Pan	dallst	-Oum		ם	altim	oro	
Dinection	Baltimore CC		110001					JOWII		Ь	arcin	ore	
	San San Lea	COUNTY		10c. CIT	Y, TOWN OR	LOCAT	ION				1	Od. INSIDE CITY	
	Maryland E	Baltimore Co	unty		W00							YES 2 NO	
LONGHAL	Secure Section 1995					101	ZIP CODE			10g. CITI		AT COUNTRY?	
	3635 Hernwo					\perp	21163				U.S.		
	1 Never Married 2 Marrie	12. WAS OECEDE FORCES?	T YES 2		14	yes, spi	cify Cuban, M	lexican, Pu	RIGIN? (Specify Yea erto Rican, etc.)	or No-	Black, 1	- American Indian, White, etc.	
	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		11	_ YES	2 NO 3	Specify:			Specify:	White	
	15. DECEDEN	r'S EOUCATION st grade completed)	16a.	OECEDENT'S					16b. KIND OF BUS	INESS/INC	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)								
COMILE	8			Branc	h Ser	vic	e Mana	_			le Cor	mpany	
3	17. FATHER'S NAME (First, Middle,								irst, Middle, Maiden				
3		Farmer							beth M.				
2	19a, INFORMANT'S NAME (Type/Pri								Number, City or Town	n, State, Zip	Code)		
	Mr. George J.	ranner, or					e, MD						
	1 Surial 2 Cremation 3		cemetery,	E AND DATE	ther place)			1			City or Town		
1	4 ☐ Donation 5 ☐ Other (Speci 21. SIGNATURE OF FUNERAL SER		_ Gran	lite P			ian Ch			dsto	ck, M	aryland	
	- Alian	1 2/	ished	_					Home (P	.0.	Box 1	95)	
4	23. PART I. Enter the diseas	- D. 410	egay			Syk	esvill	e. M	D 21784	(410)-795		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	δ ο	O (OR AS A CONS	SEQUENCÉ O	f): F):	4300	Phen	Line	ng.				
	resorting in duality CAST	d											
	PART II. Other algolficant co	nditiona contributing to	death but no	t reaulting	in the und	ariying	cause give	n In Part	I. 24a. WAS AN			PERE AUTOPSY FINDINGS	
									PERFOR		C	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
									1		1	TYES 2 PHO	
	25. WAS CASE REFERRED TO MED	ICAL				28. PL	ACE OF DEAT	H (Check or	nly one)	/ \			
	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:				Other (Specify)				
	27. MANNER OF DEATH	26s. DATE O		28b. TIM		Sc. INJ	JRY AT		DESCRIBE HOW IN	JURY OC	CURED		
	1 Natural 5 Pendii 2 Accident Investi	ng .	July, really	100	M		RK? 'ES 2 N	0					
	3 Suicide 6 Could 4 Homicide detarm	not be building	OF INJURY At , etc. (Specify)	home, farm,	street, fector	y, office		28f.	LOCATION (Street a City or Town, State)	nd Number	or Rural Rou	te Number,	
		PHYSICIAN: To the best of										nd manner as stated.	
- 11	29b. SIGNATURE AND TITLE OF C					1	29c. LICENSE		1			forith, Day, Year)	
	Sir Kin (C)	nemo	Hou	se P	hys	ca	772	Lile	7	> C	2/=/	G ->	
	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAL	Bolling		-		wolffe	DOTS	4/ P.	11/10	ma n	102//33	
	31. DATE FILED (Month, Day, Year)	'97 32. REGISTR	AR'S SIGNATURE	an Ba	dese	11 60	1 [16	7700	09 , 1 Coral	(ANI)	-uza /V	12 61(3)	

DIVISI	DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	>	AL	X L	S	S,	5	ď	77.0	2/60			BAL	Σ.	ORI	BALTIMORE MARYLANI		Z
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may the entire to the most	IDING PHYS	CIAN:	The law	w require	s that	the de	uth cert	Dificate	be exec	uted with	nin 24	hours a	fter deat	h. Page	6 тау	THE PERSON	Ties of	the hos
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 which the filed within 72 hours after death with the State Debt, of Health and Mental Hypiene prior to burlal, cremation, or removal.	After this c	ertification States	te has	been sig	ned by	the at	tending al Hygiv	physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical phy	or to bu	comple	nation.	or rem	the fun	eral din	ector, p	and and	1	detach
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	s marked,	or ite	em 23	shows	апу	in jury,	0r 0t	her t	aumat	c even	t, the	medic	al exa	niner	must	be not	fled at	once.

	1. DECEDENT'S NAME (First	141-4-W- 1							HEG. NO.			
					C	. (0)		2	DATE OF DEATH DA		YEAR	. TIME OF DEATH
	HOWARD WILL					eveno		\longrightarrow	July 2.	7 19	92	0820 m
	4. SOCIAL SECURITY NUMBER		5. SEX		rrs. last birthday)	MONTHS D	AR IF UNDER:	24 HRS. 7.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
- 8	221-07-235	1	M 2 □ F	76	YRS.		noons		12-11-191	5	Md.	
- 3	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TO	WN OR LOCATIO	N OF DEAT	Н	9c. COU	NTY OF DEAT	гн
l R	PENINSUL	A REGI	ONAL MEDI	CAL C	ENTER	SA	LISBURY	7		WIC	COMICC)
DIRECTOR	RESIDENCE OF DEC											
2	10a. STATE	10b. COUNT				Y, TOWN OR L					10	Dd. INSIDE CITY
	Md.	Wico	mico		Sa1	isbury					1	☐ YES 2 🛣 NO
FUNERAL	10e. STREET AND NUMBER						101. ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
H H	1934 Kings	wood D	rive				2180	1		US	A	
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.	S. ARMED	13. WAS	DECENDENT OF	F HISPANIC	ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian, Vhita, atc.
	1 Never Married 2 📉		IF YES, GIVE W	AR OR DATE	2 UNO	If ye	F, specify Cuban YES 2 XNO	i, Mexican, F Specify:	Puerto Rican, etc.)		Black, V Specify:	fhite, atc.
ВУ	3 Widowed 4 Dive	orced	WW II				-A	opouny.				WHITE
ETED		EDENT'S EDU y highest grade		16	a. DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	SINESS/INC	USTRY	
E I	Elementary/Secondary (6		College (1-4 or 5 a	-)	life. Do NOT u	work done duni se retired.)	g most of working	,				
ᅙ	11			5	Securit	y Offi	cer		Deers H	ead	Center	r
COMPL	17. FATHER'S NAME (First, M	liddle, Last)					18. MOTH	ER'S NAME	(First, Middle, Maiden	Surname)		
Ш	H. W. Grav	enor					Mil o	dred :	Lee Mille	r Gr	aveno:	r
00	18a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (St			ite Number, City or Town			
임	Virginia E	. Grav	enor						Salisbury			21
- /	204 METHOD OF DISPOSIT			205 81	ACE AND DATE			,		-	City or Town,	
	1 ABurial 2 Crematic	on 3 🗆 Rem	oval from State	cemeter	ry crematory or o	ther niscel	N. P. GOODS					
	21. SIGNATURE OF FUNERA		ENSEE	MTC	OMITCO		al Park			1sbu	ry, Mo	1.
	- 11	E OLIVIOL DI	10	2 121					Home, Inc	_		
	Willea	in W.	Alos	7					elmar, De		940	
	23. PART I. Enter the d	isessea, Dr	complications the	caused th	e death. Do	not enter the	mode of dyln	ig, auch s	s cardiac or respi	ratory srr	est.	Approximate
	shock, or h	eart fellure.	List only one cau	se on each	line.					-		Interval Between
	IMMEDIATE CAUSE (Fir disease or condition	101	1 mars	1127	- 10	-1. T	1 1	_	1			Onset and Dasth
	resulting in death)	7	DUE TO	UNACALU	uns!	min	lowel	ann	arma			
_			02h	117	Amenda		-	y				
CERTIFICATION	Sequentielly list condit		b. DHE TO	OR AS A OF	MSEQUENCE O	WWC	un					
I A	if any, leading to imme cause. Enter UNDERLY			(on no n se	The state of							
윤	CAUSE (Disease or inju	iry 🔨	cOUF TO	OR AS A CO	NSEQUENCE O	.						
Ē	resulting in death) LAS			,		. ,.						i
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0 1			d							-		
	PART II. Other significa	nt condition			not resulting	in the under	lying cause gi	ven in Par				ERE AUTOPSY FINDINGS
	PART II. Other significa	nt condition	a contributing to		not resulting	in the under	lying cause gi	iven in Par	PERFOR	MED?	AM	ERE AUTOPSY FINDINGS MILABLE PRIOR TO IMPLETION DF CAUSE
EDICAL C	grona	int condition	try dise		not resulting	in the under	lying cause gi	iven in Pai		MED?	AM CC OF	WILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?
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FOR

	1 - STATE REGISTRAR	SIMIL OF I	CEF	RTIF	ICATE OF	DEAT	ו עוזא H	MENIAL HYGIET REG. NO				
	1. DECEDENT'S NAME (First, Middle, Las	10)						2. DATE OF DEATN			3. TIME OF D	DEATH
ı	Lucille Mae	Goslee						MONTH 0	19	YEAR	9:00	D M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b	irthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH	19	S. BIRTH	IPLACE (State of	or Foreign
- 1	213-14-6351	1 🗆 M 2 😿 F	78	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 10-25-	-13	Count	more,	77 A
	9a. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOWN C	R LOCATIO	ON OF DE			UNTY OF C		VII
DIRECTOR	SALISBURY NURSING	G & REHB.	CENTER		SALISBU	RY, N	1D		WIC	OMICO	0	
E E	10a. STATE 10b. COUN	NTY		IOc. CIT	Y, TOWN OR LOCAT	ION					10d. INSIDE	CITY
2	Md	Wicomico			Mardel	2 51	rin	O.C.			LIMITS?	₩ NO
	10e. STREET AND NUMBER	The Comme Co				ZIP CODE		82	10g. CI	TIZEN OF Y	WHAT COUNTR	
E	Rt. 10 Box 17	6					2	1837		U.S.	Δ	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARME	D	13. WAS DEC	ENDENT O	F NISPAN	IC ORIGIN? (Specify Ye		14. RACI	E — American I	Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES ZENO			elfy Cuba 2 ⊠ NO		n, Puerto Rican, atc.)		Spec	k, White, etc.	
COMPLETED	15. DECEDENT'S EL	DUCATION	16a. DECE	DENT'S	USUAL OCCUPATION	N		18b. KIND OF BU	SINESS/IN	IDUSTRY	Diac	10
	(Specify only highest gra	Coffege (1-4 or 5 -		NOT us	work done during mo se retired.)	st of workin	g					
를	12			Lab	orer			Fac	tor	v		
S	17, FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NA	ME (First, Middle, Malder				
BEC	George T. Pal	mer				Ţ	aur	a Gidden	C			
	19a. INFORMANT'S NAME (Type/Print)		19b. N	AILING	ADORESS (Street a			Toute Number, City or Tou		ip Code)		
2	Catherine Bro	wn		Rt	10 Box	176	Sa	lisbury.	Ma.	r1/1 a	nd 2	1801
	20a. METHOD OF DISPOSITION 1- Burlat 2 Cremation 3 Re		20b. PLACE AND	DATE	OF DISPOSITION (Na		Du			- City or To		1001
	4 Donation 5 Other (Specify)	moval from State	Zion	Chu	irch Cei	neta	rv	7/25Sha	rpto	own.	Marv	land
- 1	21-DIGNATURE OF FUNERAL SERVICE	LICENSEE	r		22. NAME AN	D ADDRES	S OF FAC	CILITY		,,,,,	II.G.L.J	z unu
	1 tono DO	too			Fools	D		1 11 0	17 .			
9	23. PART I. Enter the diseases, o	r complications the	caused the deet	Dor	FOOKS	Fun	era	1 Home 9	1/ /	N . 1	Sabel	
NOI	shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediats	s. Ave	(OR AS A CONSEQUE									i Between and Daath
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO	(OR AS A CONSEQUE	NCE O	F):							
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions to the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of	ons contributing to	death but not result of the second	alting i	way for	e fre	4	PERFO	RMED?	240.	WERE AUTOPS AMALABLE PRI COMPLETION (DF DEATH? 1 YES 2	OF CAUSE
5	EXAMINER?	HOSPITAL:			QTHER:	ACE OF DE	ATN (Chi	ck only one)				
2	1 YES 2 NO	1 L Inpatient 2 L	ER/Outpatient 3 🗆	DOA TIM			eldenca	Other (Specify)				
	1-A Nejural 5 Pending	(Month, De	ny, Ybar)		URY WO	RK?		28d. DESCRIBE NOW	INJURY O	CURED		
20	2 Accident Investigation		F INJURY — At home,	to-		ES 2 _	NO	****				
2	3 Suicide 6 Could not b	building,	atc. (Specify)	twini, i	street, factory, office			201. LOCATION (Street City or Town, State		or Humai H	loule Number,	
COMPLEIED	29a. CERTIFIER Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of NER: On the basis of an) end manner a	a stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFI	ER	/			29c, LICE	NSE NUM	BER	29d, DA	TE SIGNED	(Month, Day, Ye	er)
	72/	7/	40			04	01	90	1	1/20	0/92	
2	30. NAME AND ADDRESS OF PERSON WE EDDIE VALAZQUEZ,					SALI	SBUR	Y, MD. 218	301			
7	JUL 27 1992		ars signature									

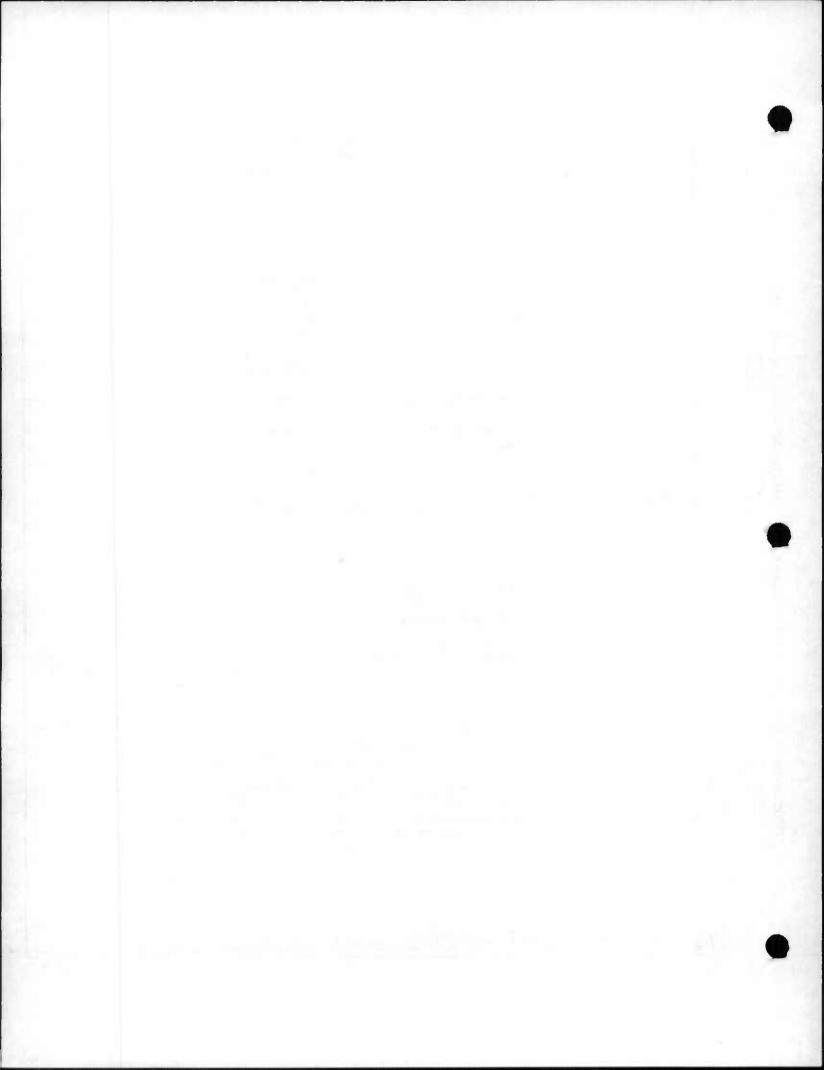
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be deached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified areance.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

death. Page 6 may be retained by the hospital or atte	e funeral director, page 5 should be detached for use a	ii.	examiner must be notified at once.
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law require man the contributed to be executed within 24 hours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been supported in the first of the funeral director, page 5 should be detached for use a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

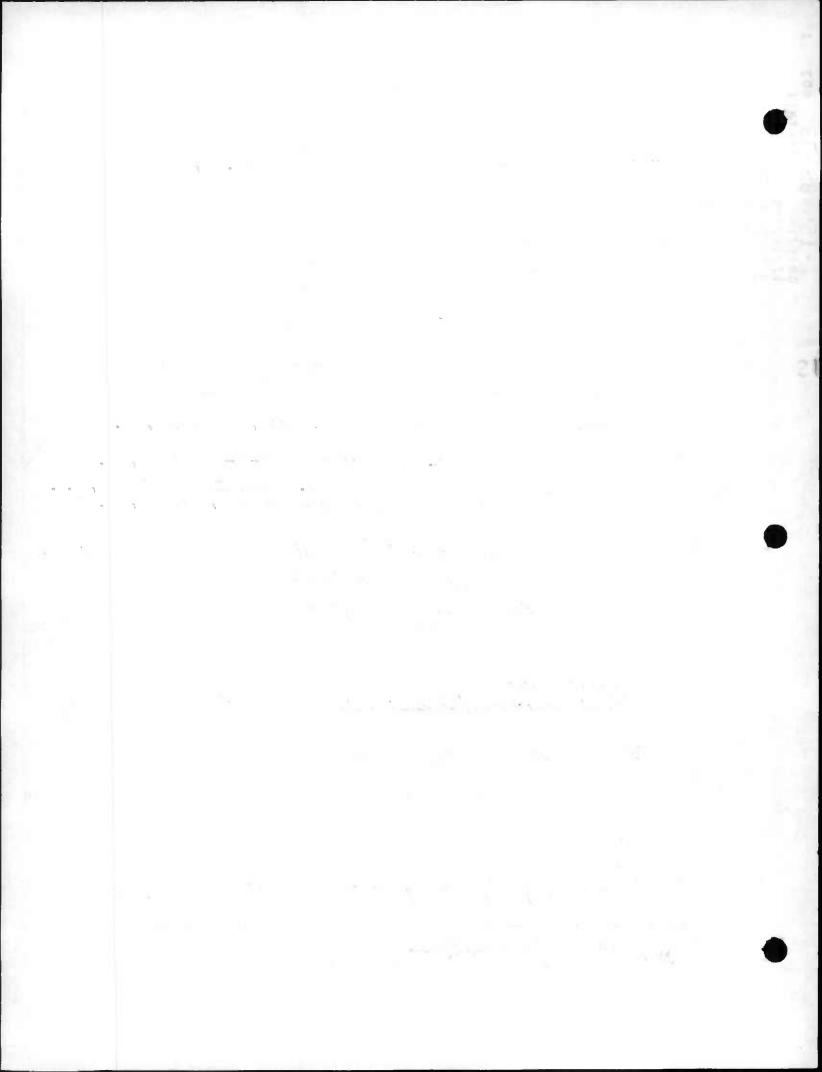
	1 - FOR STATE OF MARYLAND / DEPARTM CERTIFIC	ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	2 22947
тоя	2/2-09-1434 1 M 2 XF 96 YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN. CITY, TOWN DR LOCATION OF DE	2. DATE OF DEATH DAY 7. DATE OF BIRTH (Month, Day, Year) SEP 7. 9, 895 ATH 9c. COUN	3. TIME OF DEATH 2. BIRTHPLACE (State or Foreign Country) TY OF DEATH
BY FUNERAL DIRECTOR		13. WAS DECENDENT DF HISPAN If yes, specify Cuben, Mexica 1 YES 2 Y NO Specify	IC ORIGIN? (Specify Yee or No-	10d. INSIDE CITY LIMITS? 1 VES 2 NO TEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USU	done during most of working red.) 44KEL	16b. KIND OF BUSINESS/INDU	LUHITE USTRY
TO BE	199. INFORMANT'S NAME (Type/Print) 199. INFORMANT'S NAME (Type/Print) 201 METHOD OF DISPOSITION 201 METHOD OF DISPOSITION 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DIS		MICH-CITY I DATE 200 LOCATION - C 24-92 BALTO	WD. 46360
CERTIFICATION	23. PART I. Enter the diseases, or douplications that caused the death. Do not a shock, or heart failure. Last only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): OUE TO (OR AS A CONSEDUENCE OF):	inter the mode of dying, such	SAPROATE HE	Approximate interval Betwee Onset and Deat
PHYSICIAN: MEDICAL CERTIF			Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 ANO	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
D BY	1 Ves 2 O(NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 C 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be Duilding, etc. (Specify) 28e. PLACE OF INJURY (Month, Day, Vear) 28e. PLACE OF INJURY — At home, farm, street building, etc. (Specify)	28. PLACE OF DEATH (Che HER: Nursing Home 5 Residence 28c, INJURY AT WORK? 1 YES 2 NO , factory, office		
TO BE COMPLETE	4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in 29e SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Inc. Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Prince Princ	my opinion, death occured at the 29c. LICENSE NUM RESTOR	to the cause(s) end manner es state time, date end place, end due to the BER 29d. DATE	

BUT

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

V KANKONDE ST ACNES

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN	E	22340
1	1. DECEDENT'S NAME (First, Middle, Last) CYNTHIA		RICZIN			2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-78-8376	5. SEX 6. AGE (1)	in yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) Dec. 16,19	1992 8. BIRTI 956 Mar	1 7:50 P M HPLACE (State or Foreign Yland
TOR	9a. FACILITY NAME (If not institution, give THE JOHNS HOP RESIDENCE OF DECEDENT				ORE CITY	EATH	9c. COUNTY OF C	
DIRECTOR	10a. STATE 10b. COUNT	rford		y, town on Locat deen	ION			10d, INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 4513 Old Philadelj	phia Road		101	21001		109. CITIZEN OF V	
В	11. MARITAL STATUS 12 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No 14. RACI Blac Spec Whit	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	(Give kind of v	usual occupation vork done during mote retired.)	st of working	16b. KIND OF BUS		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Anton (nmn)	Griczin			18. MOTHER'S NA Mary Ar	ME (First, Middle, Maiden s n Keating	Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print) Anton Griczin		19b. MAILING 907	ADDRESS (Street a Bernadet	nd Number or Rurel I	Route Number, City or Town	, State, Zip Code) Hill, Md	21050
	20a. METHOD OF DISPOSITION 1X Buriet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)			of disposition (Na ther place) Cemeter		OATE 20c. LOC	CATION — CHY or TO	
	21. SIGNATURE OF FUNERAL SERVICE LI	K Melo	wera	Howard 1317 (Cokesbury	omas III Fu 7 Road, Abi	ingdon, M	
	IMMEDIATE CAUSE (Final	List only one cause on ea	ich line.			h es cardiac or reapir	retory arreat,	Approximate Interval Batween Onset and Death
CERTIFICATION		DUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF	~ 7/3 7/12	192			3days 11 days
PHYSICIAN: MEDICAL (PART II. Other algorificant condition Typhosco Mentul Ro	na contributing to death bu			causa given in	Part I. 24a. WAS AN PERFORI	MEO?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO	HOSPITAL:	diant 3 🗆 DOA	OTHER:	ACE OF OEATH (Che			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c. INJU		28d. DESCRIBE HOW IN	JURY OCCURED	
	3 Suicide 4 Homicide Could not be determined	28e. PLACE OF INJURY building, atc. (Specif	At home, farm, s	treet, fectory, office		281. LOCATION (Street ar City or Town, State)	nd Number or Rural F	loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowle ER: On the bests of examination	edge, death occurre and/or investigation	d at the time, date	and place, and due	to the cause(a) and manr	ner as stated. I due to the cause(a) and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIED	Heurs M	o. Spir	ve Atten	29c. LICENSE NUM	3746	29d. DATE SIGNED	192
-	30. NAME AND ADDRESS OF PERSON WH Mathew F.	Gayet		Print) 60 B	ON. Altin	WOLFE 2018, N	2 Str	eet 205
	31. DATÉ FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	andell					



	Item 10g,18, per 1 FOR STATE REGISTRAR	STATE OF I	MARYLAND	gn / DEPAF ERTIF	RTMENT	OF H	IEALTH DEA	AND I	MENT	AL HYGIEN REG. NO	E 9	2	22949	
	1. DECEDENT'S NAME (First, Middle, Last) Magdalena Ho								2. DAT	TE OF DEATH	92	YEAR	3. TIME OF DEATH OGO ED M	
	4. SOCIAL SECURITY NUMBER 212-19-4730	5. SEX	6. AGE (In yrs. Is	YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE (Mor	E OF BIRTH nth, Day, Year)	L899	Geri	many	
TOR	94. FACILITY NAME (If not institution, give 1419 Virginia RESIDENCE OF DECEDENT					err /err	OR LOCATI	ON OF DI	EATH			ne A	rundel	
DIRECTOR		e Arund	el		verr		TION						IOd. INSIDE CITY LIMITS? YES *XNO	
FUNERAL	1419 Virginia					10	2 1 1	4 4				3.2	Germany	
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE Y	YES 2 T	RMED NO		If yes, sp	ENDENT Code	n, Mexica	n, Puerto	IN? (Specify Ver Rican, etc.)	or No-	14. RACE - Black, Specify	- American Indian, White, etc. White	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	Cotlege (1-4 or 5	+)	Give kind of the Do NOT us OUSE	work done (se retired.)	during mo	ON ast of working	פר	16	Hous				
BE CON	17. FATHER'S NAME (First, Middle, Last) Anton Schindel	beck					Mag	dal	en l	Maicr	lofe	Mai	dalena erdofer	
5	Amalie Burton		11	1 4 1	9 Vi	rgi	nd Number	or Rural I	Route Nur enue	mber, City or Tow e, Set	n, State, Zip 7ern	, MD	21144	
	20a. METHOD OF DISPOSITION 1 Buriel 2 Scremation 3 Ren 4 Donation 6 Other (Specify)	11	cemetery, cr	ematory or o	ther place)	tor	·V					or Town		
	Dot A	well.			H	larc		y Fi	unei	ral Ho	ome,	P.A	•	
	23. PART I. Enter the diécases, or ahock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	ise on each lin	0.	not enter	the mo	de of dy	ing, suc	h ea ce	rdiac or respi	ratory arm	eat,	Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	(OR AS A CONSE			,	Or	res	+					
- 1	PART II. Other algorificant condition	d	death but not	resulting	in the un	deriving	Ceuse (alven in	Part i.	24a. WAS AN	AUTOPSV	24h W	ERE AUTOPSY FINOINGS	
PHYSICIAN: MEDICAL										PERFOR	MED?	a c	MARABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Types 2 No	HOSPITAL:			OTHER		ACE OF D	EATH (Che	eck only a	one)				
PHYS	27. MANNER OF DEATH	1 Inpatient 2	INJURY	26b. TIM		28c. INJ		sidence	_	er (Specify) SCRIBE HOW II	JURY OCC	UREO		
BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY At h	- 27	M	1 🗆 1	/ES 2 [NO	261. LO	261. LOCATION (Street and Number or Bural Route Number,				
ETEI	4 Homicide determined		atc. (Specify)						Clty	or Town, State)				
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	ICIAN: To the beat of ER: On the basis of e											nd manner ae stated.	
TO BE	296-SIGNATURE AND TITLE OF CERTIFIE	us m	7				29c. LICE D 6	15	IBER	9	29d. DATE	Aug	Porth Day, Year)	
		tens m	D CPT	mc	Print)	ACH	1. j	7 1	esde	mel		0		
	AUG 0 6 1992 g	32. REGISTRA	R'S SIGNATURE	-										

water and the second of the second

Suid be defact

of for use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be manned by the attending physician and completely filled in by the funeral director, page 5 around be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at energy.

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIF	TOPTI		DLA	111		REG. NO	<i>)</i> .		
	TT A Y	70						MONT	_	MY	YEAR	3. TIME OF DEATH
KIVA B.	HAR 5. SEX	8. AGE (In yrs. lest	6144-1-3	- 100				July		199		
	1 M 2 F		YRS.	IF UNDER	DAYS	HOURS	MIN.		OF BIRTH		8. BIRTI	HPLACE (State or Foreign
214-12-0720 90. FACILITY NAME (# not institution, give		91	rns.						1e 7,	-	C	arolina
				9b. CITY	, TOWN C	R LOCAT	ON OF DE	EATH		9c. COU	INTY OF D	DEATH
Anne Arundel M	edical	Center		A	nna	ooli	S			An	ne .	Arundel
10e. STATE 10b. COUNT	Υ		10c. CIT	TY, TOWN (OR LOCAT	ION						10d. INSIDE CITY
Maryland An	ne Arun	del		Anna	a no l	is						LIMITS?
10e. STREET AND NUMBER		. 02				. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
9 Dean Street						27	407				.S.	4
11. MARITAL STATUS		IT EVER IN U.S. ARM		13.	WAS DEC	-		HC ORIGIN	? (Specify Ye			E — American Indian, k, White, etc.
1 Never Married 2 Married	IF YES, GIVE Y	YES 2 N	0				n, Mexice Specify		Ricen, etc.)		Blac Spec	
3 🖫 Widowed 4 🗌 Divorced	l					22	орчон					hite
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DEC	CEDENT'S	USUAL O	CCUPATIO	ON st of worki	20	16b	KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+) Hifu.	Do NOT us	work done (se retired.)	suring mo.	at or work.	w					
	2	Но	mem	aker	r				Home			
17. FATHER'S NAME (First, Middle, Lest)						18, MOT	HER'S NA	ME (First, I	diddle, Malder	Sumame)		
Jarrett Broad	well					Is	abe	lle	Rich	ards	on	
19e. INFORMANT'S NAME (Type/Print)		196.	MAILING	ADORESS	Street e				er, City or Tov			
Josephine H.	Perry		112	9 5	Shor	t S	tre	et.	Anna	poli	s. 1	MD 21403
20e. METHOD OF DISPOSITION 1 □XBurlal 2 □ Cremetion 3 □ Ram	oval from State	20b. PLACE A		OF DISPOS				OAT		CATION -		
Donatton 5 Other (Specify)	OTEN TOTAL OTELO	cemetery, cren	natory or o	tner piece)			0/	11/2-				
		- AT72 1 1 C	res	t Ce	emet	erv	8/	4 V 9 2	An	napo	lis	, MD
21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE /	0	res	t Ce	NAME AN	D ADDRE	SS OF FA	CILITY		napo	7	
21, SIGNATURE OF FUNERAL SERVICE LI	I. I		res	t C e	NAME AN	r F	une:	ral	Chap	el	2140	01
toriald.	d. I	y fu		T a	NAME AN	or F	une:	ral	Chap	el	2140	ol is, MD
23. PART I. Enter the disessee, Dr shock, Dr heert fellure.	complications that	June of the dea	ath. Do r	T a	NAME AN	or F	une:	ral	Chap	el	2140	Approximate
23. PART I. Enter the diseasea, pr	complications that List only one can	caused the des	ath. Do r	T a	NAME AN	or F	une:	ral	Chap	el	2140	is, MD
23. PART I. Enter the diseases, pr shock, pr heert fellure. IMMEDIATE CAUSE (Final	complications that List only one call	demand the dealese on each line.	ath. Do r	Tenot enter	NAME AN	or F	une:	ral	Chap	el	2140	Approximate
23. PART I. Enter the disessea, Dr shock, Dr heert fellure. iMMEDIATE CAUSE (Final disesse or condition	complications that List only one call	caused the des	ath. Do r	Tenot enter	NAME AN	or F	une:	ral	Chap	el	2140	Approximate
23. PART I. Enter the diseases, Dr shock, Dr heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. Due to	gest Wooden as a conscious of the way	uence of	t Ce 22. Te 12 Te 12 Te	NAME AN	or F	une:	ral	Chap	el	2140	Approximate
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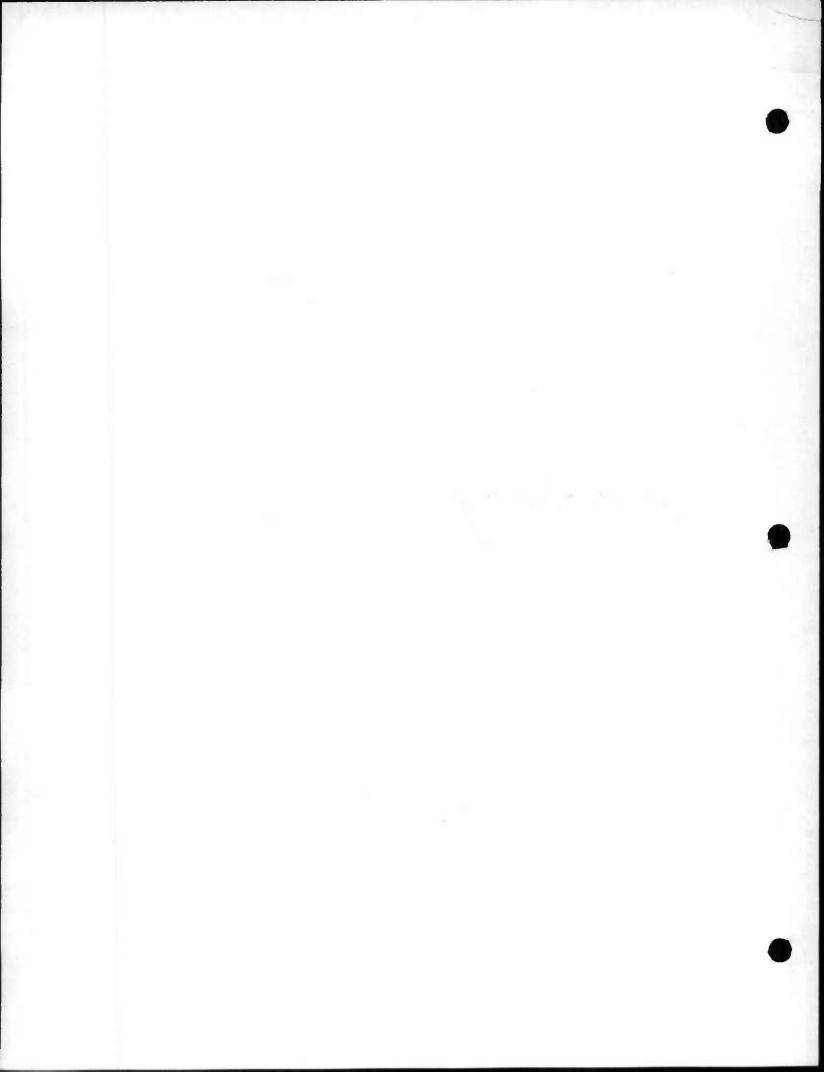
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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21. SIGNATURE OF FUNERA	IL SERVICE LICENSEE			22. NAME AP	ID ADDRESS OF FACI	LITY						
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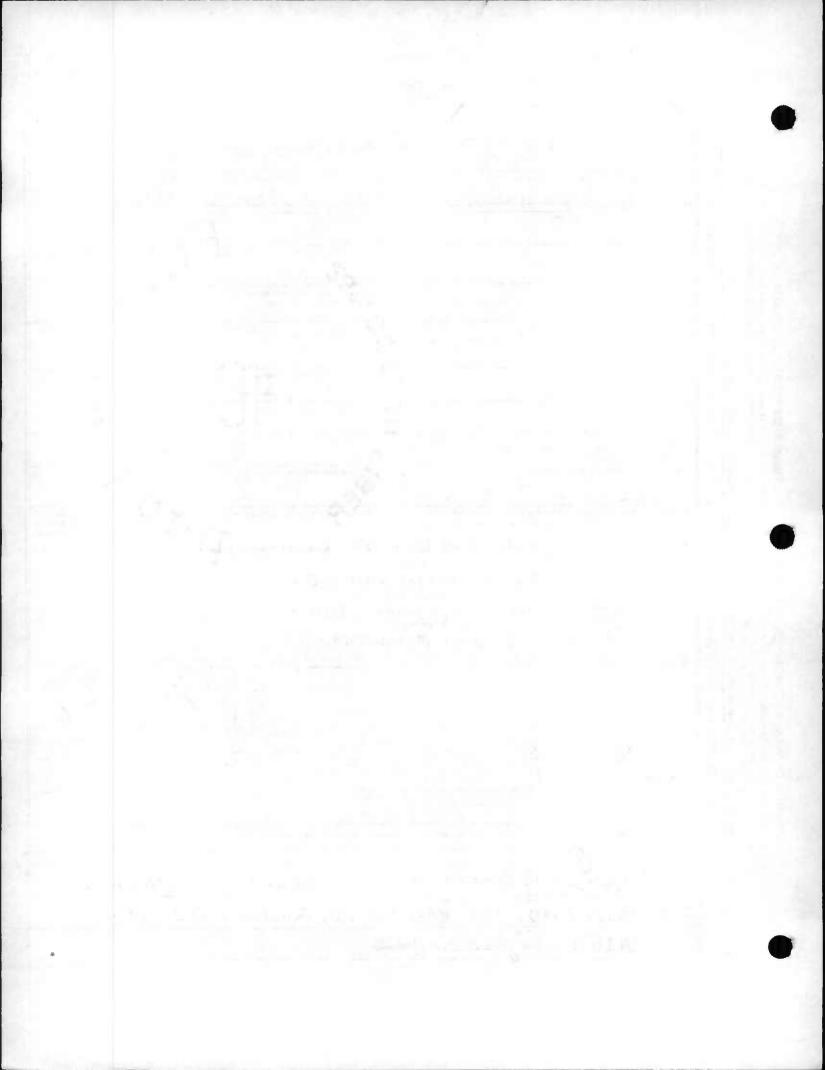
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19a. INFORMANT'S NAME (Type/Print)				ia Ann Av					
Dandy, Halaamla		19b. MAILING ADDR	RESS (Street and Number or Rura		4	oriel			
Randy noisappie			hybrook Drive						
20a. METHOD OF DISPOSITION 1y Burlel 2 ☐ Cremation 3 ☐ Remove	201	y or Town, State							
4 Donation 8 Other (Specify)	Ha	referry, crematory or other plants	rial Gardens	7/18 A	berdeen.	Maryland			
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME AND ADDRESS OF I	FACILITY					
Darin Li	Ainto	nu	Tarring-Car						
23. PART I. Enter the diseases, or cor	mplications that cause	d the death. Do not er	Abendeen, Moter the mode of dying, su	ich as cardiac or re	apiratory arrest	l, Approximata			
ahock, or heart fellure. Lis	10-24 15000 0001 000					Interval Batwee			
disease or condition resulting in death)	Acute Ren	ial failure	2'to Rhebdoi	nyohysis.		2 days			
	DUE TO (OR AS A	CONSEQUENCE OF):		-0-0		13			
Sequentially list conditions,	Infliall.	Antlat w	all ME.						
If any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF): c. COPD Emply fema. Dyn, DUE TO (OR AS A CONSEQUENCE OF):								
CHOSE (Disease Di Hillity	DUE TO (OR AS A	mouy serve	י וזקט י						
that initiated events resulting in death) LAST		eg Monone							
d.,			0						
PART II. Other aignificant conditions	contributing to death b	out not resulting in the	underlying cause given i		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO			
				1 TYES	2 00	COMPLETION OF CAUSE OF DEATH?			
					/	1 TYES 2 NO			
25. WAS CASE REFERRED TO MEDICAL									
EXAMINER?	IOSPITAL:		26. PLACE DF DEATH (C						
27. MANNER OF DEATH	1								
1 Natural 5 Pending	(Month, Day, Year)	INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HO	WINDOWS OCCUR	EU			
2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY	— At home, farm, street,		28f. LOCATION (Str	et and Number or i	Rural Route Number			
4 Homicide determined	building, atc. (Spec	clfy)		City or Town, St	ate)	and the state of			
29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the heat of my board	ladge death con-	he time, data and place, and do						
			ny opinion, death occured at th			nuncial and manager			

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
CKH MD - MO8 HAR POFD

32. REGISTRAR'S SIGNATURE
Julia Lau'dson-Randoll

RD, Fallston MD 21047.



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

RESIDENCE OF DECEDENT

31. DATE FILED (Month, Day, Year)

AUG 11 '97

9a. FACILITY NAME (If not institution, give street and number)

Rosewood Hospital Center

4. SOCIAL SECURITY NUMBER

Unknown

William F. Henderson

5. SEX

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DIRE	Maryland	E	Baltimore		Owings Mills						LIMITS?
FUNERAL	10e. STREET AND NUMBER	ewood I	ane			10	1. ZIP CODE 21117		10g		SA
BY FUNE	11. MARITAL STATUS 1 Never Married 2 M 3 Widowed 4 Divorce	larried	2. WAS DECEDENT EV FORCES? 1 1 1 IF YES, QIVE WAR (YES 2 NO	2 NO If yes, spe-			ecendent of Hispanic Origin? (Specif specify Cuban, Maxican, Puerlo Rican, etc ES 2 3NO Specify:			ACE — American li lack, White, etc.
COMPLETED	(Specify only in Etamogram/Secondary (0-1)	DENT'S EDUCAT highest grade cor	TION mpleted) College (1-4 or 8+)	(Give	DENT'S USUAL kind of work don NOT use retired.						Y
E COMP	3rd 17. FATHER'S NAME (First, Mick William J.		enderson		,11100	16. MOTHER'S NA	Me (First, Mic	ddie, Maiden Surna Looke	me)		
TO BE	19a. INFORMANT'S NAME (Type Vincent Aa I				and Number or Rural						
	26a. METHOD OF DISPOSITIO 1 □ Burial 2 □ Cremation 4 □ Donation 6 □ Other (S	3 🗆 Ramovi	ni from State	20b. PLACE OF other place	1	-	matory		Cato		le, Md.
	21. SIGNATURE OF FUNERAL	SERVICE LICEN	Loew	ner	2	2. NAME A	no address of fa Eckh Owin	ardt 1	Funeral	Chap	el P.A.
CERTIFICATION	Sequentially liet condition it any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injustinitiating in death) LAST	lete IG y c	Ne	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A C	Co	gni.	atory of		nst me	tasi	Tasi
MEDICAL CER	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO									?	24b. WERE AUTOPI AMAILABLE PP COMPLETION OF DEATH? 1 YES 2
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	1	HOSPITAL:	S 10 - 10	ОТН		PLACE OF DEATH (C)	heck only one)		
	1 YES 2 MO 27. MANNER OF DEATH 1 Millural 6 P	ending	26s. DATE OF INJ (Month, Day, Y	IURY	DOA 4 N	28c. IN	JURY AT ORK? YES 2 NO		(Specify) CRIBE HOW INJUR	Y OCCURE	D
red BY	3 Suicide 6 C	could not be etermined	28e. PLACE OF IN building, etc.	IJURY — At home (Specify)	, farm, street, f	actory, offi	Ca	261. LOCA City of	TION (Street and A r Town, State)	lumber or Ru	iral Route Number,
COMPLET	cont only		AN: To the best of my								ise(a) and manner
EC	296. SIGNATURE AND TITLE	OF CERTIFIER	NIA			Ilon, in my opinion, death occured at the time, data and place, and du 29c. LICENSE NUMBER 29 D2/82/				1. DATE SIGNED (Morrith, Day, M	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MONTHS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

Owings Mills

9b. CITY, TOWN OR LOCATION OF DEATH

me. 2/228

Bult

MIN.

DAYS

8. AGE (In yrs. lest birthday)

68 YRS.

2. DATE OF DEATH

7. DATE OF BIRTH

Jan. 20 1924

92 22954

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

Baltimore

Md.

10d. INSIDE CITY LIMITS? 1 YES 2 NO

14. RACE — American Indian, Black, White, etc.

Approximata Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

9:30 P M

1992

9c. COUNTY OF DEATH

05

data and place, and due to the cause(s) and manner as stated.

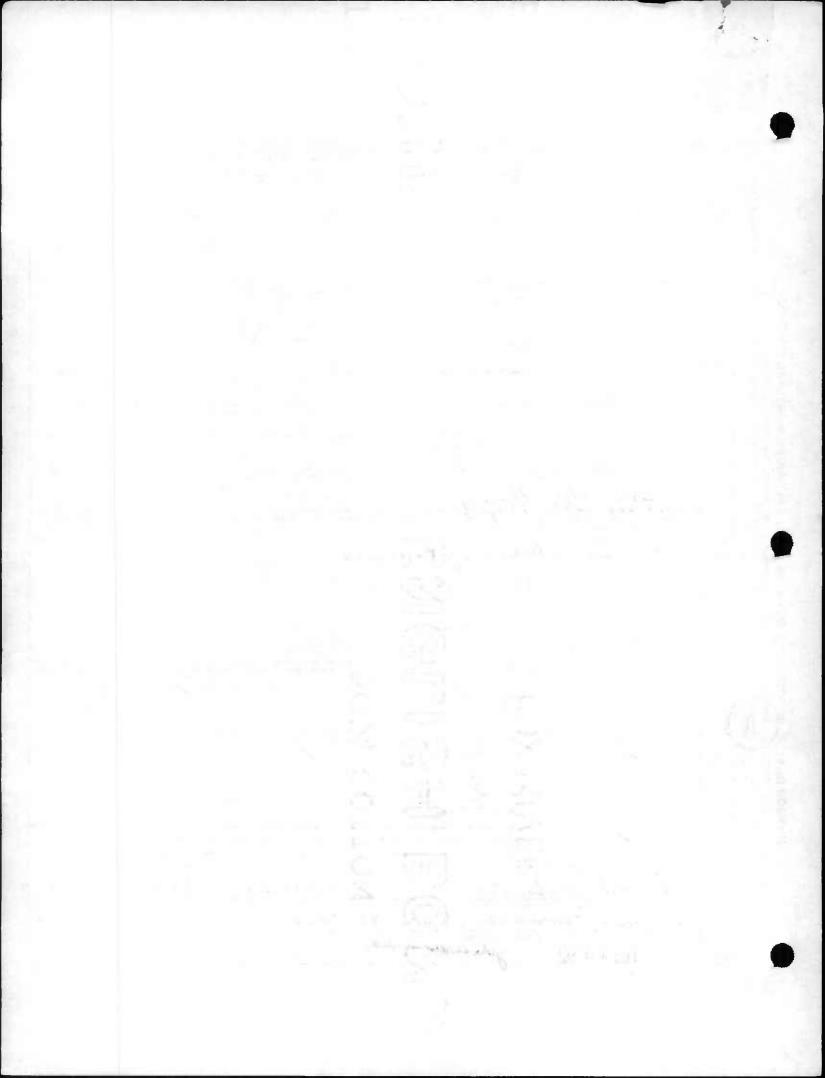
29d. DATE SIQNED (Month, Day, Year)

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICAN, The first the feath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR. After this certificate has a stending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the Sille DET Heath and Warfal Hydrene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or liter 23 hours and injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (FI									R				
P.	irst, Middle, Last)		11.00	37					2. DATE OF D	DEATH DAY		YEAR 3	, TIME OF DEATH
Ann		lizabeth		obbs					Aug.	8, 19	992		9 P.
4. SOCIAL SECURITY NU	MBER	5. SEX	6. AGE (In yrs. lest		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF B (Month, Day			8. BIRTHPL Country)	LACE (State or Foreign
109 14		1 M 2 F	/8	78 YRS. MONT						914		Va	
9a. FACILITY NAME (If no	t Institution, give i	street and number)			9b. CITY	Y, TOWN C	R LOCATI	ON OF DEATH			9c. COUN	TY OF DEA	ATH
16209 Fre		Road			L	isbo	n		Howard				
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT						1	IBd. INSIDE CITY
Md.	Howa	ırd				Li	sbon					1	LIMITS?
10e. STREET AND NUMBE	ER					101	. ZIP COD	E			EN OF WH	EN OF WHAT COUNTRY?	
16209 Fr					21	765				U	SA		
11. MARITAL STATUS	CGCLICA	12. WAS DECEDEN	T EVER IN U.S. ARI	MED			ENDENT C	F HISPANI	C ORIGIN? (S		r No-	14. RACE -	- American Indian,
1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR DA				10		If yes, sp 1 [] YES	2 Dec	n, Mexican Specify:	, Puerto Ricer	, atc.)		Specify:	white, etc.
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(Specify :	only highest grade (0-12)	completed) College (1-4 pr 5	(Gh	Do NOT u	work done se retired.)	during mo	st of world	ים					
6				H	omen	aker					Home	2	
17. FATHER'S NAME (First)	, Middle, Last)							HER'S NAM	AE (First, Middle	e, Maiden Su			
John M	izel						A	nn Te	ehe				
19a. INFORMANT'S NAME			19b	, MAILING	ADDRES	S (Street a	nd Numbe	or Rural Ro	oute Number, C	City or Town,	State, Zip	Code)	
Jefferson	D. Hob	obs		27	33 F	rede	rick	Road	d Ca	tons	/ille	e, MD	. 21228
20a. METHOD OF DISPOS 1 XBurial 2 Crema		novel from State	20b. PLACE of cemetary,	AND DAT	E OF OISE	POSITION	(Name		DATE			City or Town	
4 Donation 5 Ot			McKen	dree	: Cen	neter	У		8/10	Wood	dbine	e, Md	
21. SIGNATURE OF FUNE	RAL SERVICE LI	CENSEE			22.	. NAME AI	ND ADDRE	SS OF FAC	Haight	Fune	eral	Home	
Harry	× 11	· Yhu	cht.			F	.O.E	3.195	Haight Sykes	ville	e, Mo	1. 21	784
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10	19a. INFORMANT'S NAME (Type/Print)								ute Number, C		n, State, Zij	Code)		
	CLARISSA J. LINHAR	D	T -					LVIL	LLE, MD 21852					
	20a. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Remove	I from State	20b, PLACE AI cometery, crem POWELL	ND DATE	of DISPOSIT	TION (Nat	ne of		DATE				own, State	
	4 Donation 8 Other (Specify)	SEE A	IPOWELL	VILL			D ADDRES	S OF FACI	7/26	POV	VELLV	TLLE	E, MARYLAND	
	Don No	0/200			HO	OLLO	WAY	FUNE	RAL HO					
	22 MAT I Enter the diseases or one	Journal	2	4- 0-	50	1 SN	OW H	ILL I	RD SA	LISI	BURY,	MD		
	shock, or heert feilure. List only one cause in each line.										Approximata Interval Batween Onset and Death			
CATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST		AS A CONSEQU											
MEDICAL	PART II. Other algorificant conditions of	ontributing to de	ath but not re	sulting	in the und	ferlying	cause gl	ven in P		WAS AN PERFOR YES 2		248	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:					ACE OF DE	ATH (Checi	k only one)					
YS		npatient 2 E	VOulpatient 3	DOA	OTHER:		5 🗆 Ras	idenca 6	Other (Spe	olfy)				
F	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF IN. (Month, Day,		28b. TIM INJ	E OF 2	28c. INJU WOF	IRY AT	2	28d. DESCRIB	E HOW IP	JURY OC	CURED		
BY	2 Accident Investigation				М		ES 2 🗌	-		-		-		
ETED	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF III building, etc.	IJURY — At hom (Specify)	a, farm, e	street, factor	ry, office			28f. LOCATION City or Tox	(Street e n, State)	nd Number	or Rurel :	Route Number,	
COMPLET	296. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: (a) and manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1	1	A 4	Λ		29c. LICEN	ISE NUMB	ER		29d. DAT	E SIGNED	(Month, Day, Year)	
10	20 MARIE AND ADDRESS OF STREET	Vien!		M	/)		N)S	19	53		•	12	7775	
	30. NAME AND ADDRESS OF PERSON WHO C	11 /6	78 P	9 CUP		54.	5	0/1	is bu	4	M	0	21801	
12	31. DATE FILED (Month, Day 1992	100 REGISTRAR'S	SIGHETHER B	6						-				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

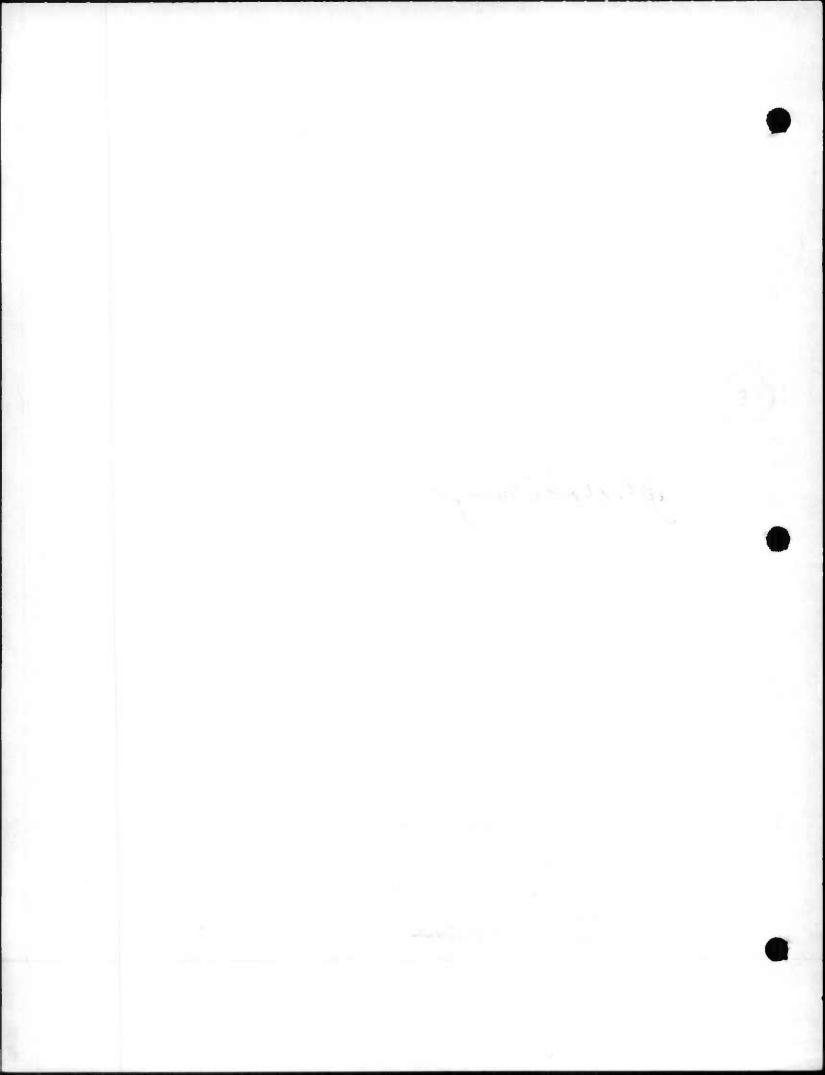
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be 10 THE FUNEPAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no

ostutal or attending physician.

AND 21215-0020

BALTIMORE, MARKI



	FOR
1	STATE
•	REGISTRAR

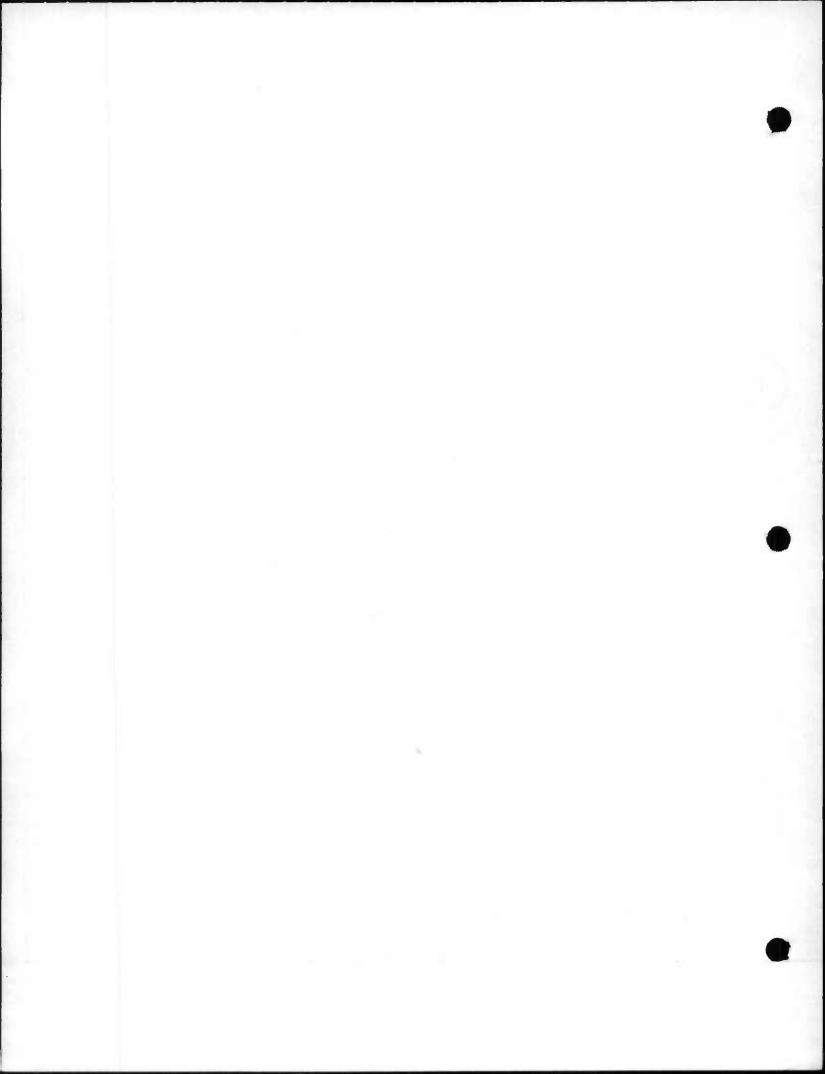
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
- 0	1. DECEOENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH
	Alfred C. Johnson St July 27 1992 0621
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	159-01-3640 1 M 2 F 81 YRS. MONTHS DAYS HOURS MAN. (Month, Day, Year) 10-3-1910 Maryland
1	9s. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH
DIRECTOR	PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO
딦	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d INSIDE CITY
E	Total insule CITY LIMITS?
	Maryland Wicomico Salisbury 1 € YES 2 □ NO 100. STREET AND NUMBER
A A	IN. 21 CODE ING. CITIZEN OF WHAT COUNTRY
밀	N. Park Gardens Apt. N 1 21801 U. S. A.
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 XXMarried 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— Hyea, specify Cuben, Mexicen, Puerto Rican, atc.) 14. RACE — American Indian, Block, White, atc.
BY	3 □ Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 □XNO Specify: White
	15. DECEDENT'S EQUICATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY
	(Specify only highest grade completed) (Give kind of work done during most of working
اڄ	Comede (1-4 or 5+)
COMPLETED	2 Insurance Agent Insurance Co. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Lest)
Ö	16. MOTHER STRAME (FIRST, MIDDIE, MEDICE)
BE	William O. Johnson Annabelle Shockley Johnson 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Burel Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber of Brush Mumber
2	
	Catherine L. Johnson N. Park Gardens Apt. N 1 Salisbury, Md 21801
	1 U Buriel 2 Cremation 3 Removal from State
	4D Donation 5 Dother (Specify) Mardela Memorial Cemetery 7-31 Mardela Springs, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Short Funeral Home, Inc.
	Box 204 Delmar, DE 19940
	23. PART I. Enter the diseases, or complications that glassed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate
	ahock, or heert fallure. List only ona cause on each line. Interval Batween Onset and Death Onset and Death
	disease or condition
- 1	pue TO (OR AS A CONSEQUENCE OF):
2	Is havis Cardioninatha Isanie
9	Sequentially list conditions, if any, leading to immediate
CERTIFICATION	cause. Enter UNDERLYING
Ĭ	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):
E	resulting in death) LAST
2	
DICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. Part i. 24s. WAS AN AUTOPSY PERFORMEO? AMILABLE PRIOR TO
음	1 ☐ YES 2 ₩ NO COMPLETION OF CAUSE OF DEATN?
ME	1 YES 2 NO
ä	
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: 28. PLACE OF DEATN (Check only one)
S	I YES 2 S NO 1 Inpetient 2 ER/Outpatient 3 D DOA 4 Nursing Home 5 Residence 6 Other (Specify)
Ŧ	27. MANNER OF GEATH 286. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. GESCRIBE NOW INJURY OCCURED
BY F	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation
	3 Sulcide 8 Could not be 28e. PLACE OF INJURY — At home, term, street, fectory, office 28t. LOCATION (Street and Number or Rural Route Number,
Ë	4 Nomicide determined building, etc. (Specify)
W	290. CERTIFIER
₹ I	Check only One) MEDICAL EXAMINES: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated, One)
COMPLETED	MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and manner as stated,
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
2	- C1453 1. (196
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	Roger Mcrrill, MD 100 Power St., Salisbury, MD. 21801
10	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
	1111 2 9 1992 Gulia Davidson-Randelle

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be remark the more as the buna-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



alle event, the medical examiner must be notified at once. TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of THE FUNERAL DIRECTOR: After this certificate has been signed by the alternobe filed within 72 hours after death with the State Dept. of Health and Mental the MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			MENTAL HYGIENE REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)	m. Jeffe	rsun.			2. DATE OF DEATH DAY	YEA		
		5. SEX 6. AG		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) Feb. 4 19	1 2 2	RTHPLACE (State or Foreign buntry) Kentucky	
	9e. FACILITY NAME (If not institution, give stre	set end number)	9	b. CITY, TOWN C	R LOCATION OF D		9c, COUNTY O		
DIRECTOR	Baltimore County	General Ho			ndallsto			ltimore	
EC	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION		10d. INSIDE CITY		
		altimore		Reiste	erstown,	Maryland	1 U YES 2 NO		
ERAL	100. STREET AND NUMBER 101 A. (Glyndon Dri	Lve	101	ZIP CODE 2113		10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 ANO	If yes, sp		NIC ORIGIN? (Specify Yes o an, Puerto Rican, etc.) iy:		tACE — American Indian, black, White, etc.	
LED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US (Give kind of work	k done during mo		16b. KIND OF BUSH	IESS/INDUSTR	W .	
ן ב	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use n	ousewii	e e	Ног	nemake:	r	
COMPLETE	17. FATNER'S NAME (First, Middle, Lest) Albert Brown				16. MOTHER'S NA	ME (First, Miridle, Melden St			
N N	190. INFORMANT'S NAME (Type/Print)		10h MAII INC AC	DDECC (Stanton	Glad	Route Number, City or Town,	01 7 0 1		
2	Miss Jean Devito					ings Mills,			
	204. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remove		20b. PLACE AND DATE OF S				TION — City o		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		druid Ridge		D ADDRESS OF FA	CILITY		ille, Md.	
	. J. Darth	Echland	od .		Eckh	ardt Funeral	-		
	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition	ist only one ceuse or	sech line.		de of dying, suc	th as cerdisc or respira		Approximeta Interval Between Onset and Death	
	resulting in death) s.	DUE TO (OR A	obstuctions a consequence of:	- 1	0.1				
HIFICALION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF):	ring	Cen	· w			
5	CAUSE (Disease or injury	OHE TO (OR A	S A CONSEQUENCE OF):						
H	that initiated events resulting in death) LAST		o x bondeodence or j.						
2	PART II. Other significant conditions	contributing to deat!	but not resulting in t	the underlying	Cause alven in	Part I. 24s. WAS AN AL	rmney T	24b, WERE AUTOPSY FINDINGS	
2	O Chronic obstrue	thre lung	discuse	Gridariyini	, couse given in	PERFORM	E0?	MAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC	@ Gustero inte	tinul bi	∞D.				1 10	OF DEATH? 1 YES 2 NO	
AN.	25. WAS CASE REFERRED TO MEDICAL								
SICIAN:	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch				
	27. MANNER OF DEATH	Investigation							
	1 Netural 5 Pending 2 Accident Investigation								
מ	3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF INJU building, atc. (S	RY — At home, term, stre- pecify)	et, tactory, office		281. LOCATION (Street and City or Town, State)	l Number or Rui	ral Route Number,	
MPLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of my kn	owledge, death occurred a	et the time, date	end place, and due	to the cause(e) end menne	er so stated.		
5		On the beels of examina						se(e) and menner so stated.	
0 00	296. SHOWN THE ON CENTERER	W Do	Q.		D388	WBER S	Pad. DATE SIGN	NED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	int)	Counter	& Hopite	0	1	
	31, DATE FILED (Month, Day, Year)		GNATURE CO	MITY	Fred	oc 119411C	V		
	AUG 11 '92	guies	GNATURE PONDE	BC-					

211.12.254 of textorn, corrected ~ ~ ~ overd named . brive (i) mehalu Frankrein Jt. Cylings All. , L. St. At , all made, that is grant of the line Ections in the second section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the -1-15; e-1, -25:21, e-1; 22-Ea printing of Vinder Conf. March and Robert I want in

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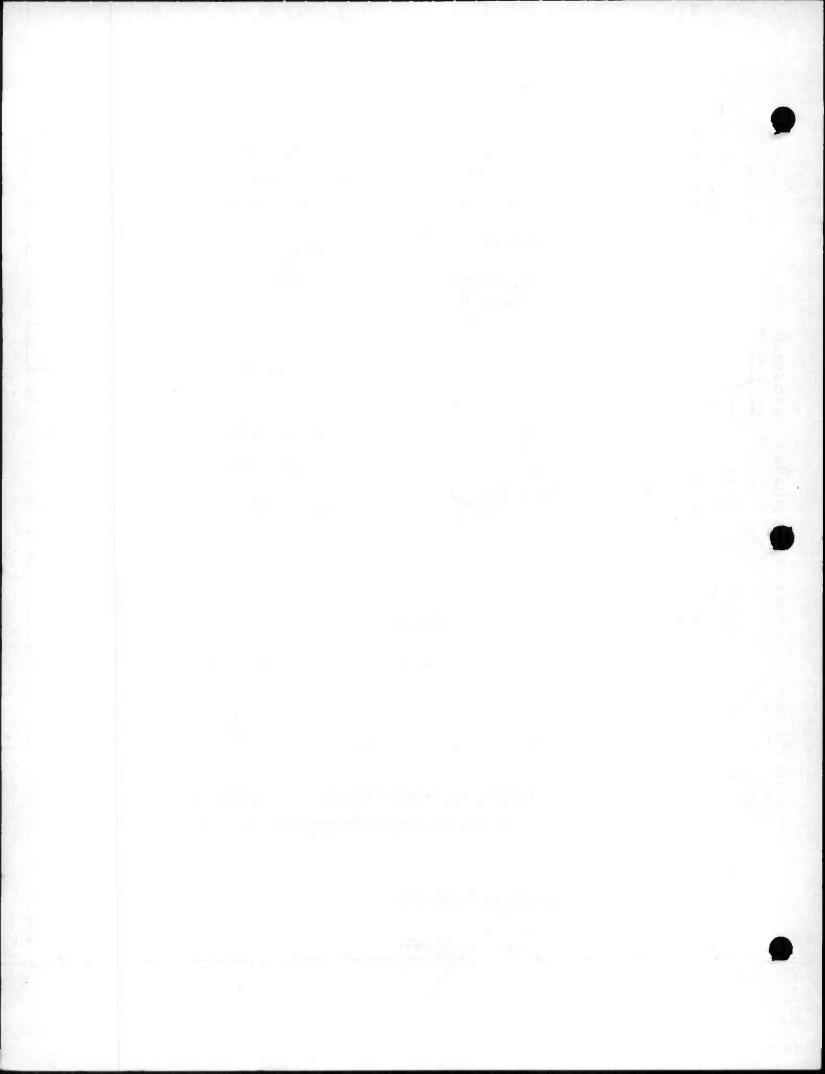
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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. N	10.	
	1. DECEDENT'S NAME (First, Middle, Last)	7 A	WODERNIT.			2. DATE OF DEATH MONTH	DAY YEAR	3. TIME OF DEATH
	DOMINIE		KORZENIW	SKY		7 2	9 92	8:30Am
	4. SOCIAL SECURITY NUMBER 2 14-32-1441	5. SEX 6. AG		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-12-	Coun	HPLACE (State or Foreign try) RAINE
	9a. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY, TOWN O	R LOCATION OF D		9c, COUNTY OF	
DIRECTOR	BOX 287 GUMBORO	ROAD		PITTSV			WICON	
0	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATI	ION			10d, INSIDE CITY
		COMICO		PITTSVI				LIMITS? 1 YES 2 NO
FUNERAL	BOX 287 GUMBORO	ROAD		101.	21850		U.S.A	WHAT COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3XXWidowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S XXNO	If yes, spe	ENDENT OF HISPA city Cuben, Mexico 2 X NO Special	NtC ORIGIN? (Specify sn, Puerto Rican, etc.) fy:	Spec	
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION CONTRIBUTED	16a. DECEDENT'S U	SUAL OCCUPATIO	N	16b, KIND OF E	USINESS/INDUSTRY	HITE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8+)	11.14	ork done during mos retired.)	t of working			
DMP	17. FATHER'S NAME (First, Middle, Last)		HOUSE V	VIFE	AL MOTHER'S NA	DOI	MESTIC	
BE C	IVAN (UNK)	KORZENIWS	SKY		MARIA	/	en sumame) HACHKOWSKA	
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or T	own, State, Zip Code)	
	JERRY KORZENIW					INGTON, DE	EL 19804	
	20s. METHOD OF DISPOSITION 1. Buriet 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	emetery, crematory or oth	er place)			LOCATION — City or To	
	21. SIGNATURE OF FUNERAL SERVICE LICE	EN99E	ALL SAINTS	22. NAME AN	D ADDRESS OF FA	ICILITY	LMINGTON,	DELAWARE
	Meson. K	fallour	4			NERAL HOME LL RD SAL	_	D 21801
EDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	B A CONSEQUENCE OF): B A CONSEQUENCE OF):		Hen	et his	viase	Onset and Death
띩	d.							
	PART II. Other significant conditions Africal 7	contributing to deeth	but not resulting in	the underlying	ceuse given in		ORMED?	N. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ICE OF OEATH (CH	6ck only one)		
is I		HOSPITAL: 1 Inpetient 2 I ER/O		OTHER: Nursing Home	5 Residence	8 Other (Specify)		
PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 28b, TIME	OF 28c. tNJU RY WOR	RY AT	28d. DESCRIBE HOW	INJURY OCCURED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJU- building, etc. (S)	RY — At home, ferm, str			281. LOCATION (Stree City or Town, Stat	nt and Number or Rural in	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my kno						s) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1	1.00		29c. LICENSE NUI	MBER	29d. DATE SIGNED	(Month, Pay, Year)
면 일	9	~	1100		1276	70	7/2	9/92
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P	(105)	Time	Police	Frits	#5
4	JUL 29 1992	Julia Davidso	n-Randell	- fal.d	WE WILL	0	1-1/	21 301



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

061-16-3563

Joseph R. Kittner

5. SEX 1 M 2 - F

1 -

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2,	2	500 Rocklyn Ave	2.			F	<u> ikesville</u>	,		Balti	<u> mor</u>	e
es 1,	E	10e. STATE 10b. COUNT			10c. CITY, T	OWN OR LOCA	ATION				10d.	INSIDE CITY
the hospital or attending physician. detached for use as the burial-transit permit. Pages once.	DIRECTOR	Maryland Bal	timore			Pikesu	rille				10	LIMITS?
Бет	AL	10e. STREET AND NUMBER				1	Of. ZIP CODE		10	0g. CITIZEN O		COUNTRY?
n. ansit	띨	500 Rocklyn Ave	2.				21208			us	SÁ	
physician burial-tra	FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	IN U.S. ARR	MED O		ECENDENT OF NISPANI specify Cuban, Maxican			BI	lack, Wh	
ng ph the bu	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		1 TYE	S 2 NO Specify			Sp	Whi	to
the hospital or attending detached for use as the once.	8	16. DECEDENT'S EDU	CATION	16a. DEC	CEDENT'S US	UAL OCCUPAT	TION nost of working	16b. KIN	D OF BUSINE	ESS/INDUSTRY		
or al for us		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	life.	Do NOT use re	etired.)				0 # /		
ched ched	COMPL		4		Colle	ctions	_			ul Firm	n	
the hose detach	8	17. FATNER'S NAME (First, Middle, Last)					16. MOTNER'S NAM			mame)		
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C n	10	Patricia E. Kit	tuon				Ave. Pik				208	
E & UE)	294. METNOD OF DISPOSITION		Ob. PLACE (OF DISPOSITI	ON (Name of c	semetery, crematory or		20c. LOCAT	TION — City or	Town.	State
9 0		1 Burial 2 Cremetion 3 Rem	noval from State	St.	Paul!	s Luth	ieran Ceme	teru	Arca	idia. N	Id.	
leath. Page funeral direct xaminer in		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				AND ADDRESS OF FAC	M ITW				wn Rd.
death. Pag tuneral di i. examiner		De Rui	P	00		FOIL	ie Funeral					
		23. PART I. Enter the diseases, or	complications that cause	ad the de	ath. Do not						1	Approximate
		ahock, or heert fellure.	List only one cause on	each line						,	l	Interval Betwee
ly filled ation, or the m		IMMEDIATE CAUSE (Final disease or condition	(0	6D							j	1041
completely ial, crematic		resulting in death)	DUE TO (OR A	S A CONSEC	DUENCE OF):							0
ite be executed within zappician and completely fille prior to burial, cremation, traumatic event, the	z	Consideration that acceptations	b									
e be execut sician and c rior to buria traumatic	E	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEC	DUENCE OF):						- 1	
ertificate ing physic giene pric	길	CAUSE (Disease or Injury	cDUE TO (OR A	S A CONSEC	DUENCE OF:						—-i	-
0 6 6	CERTIFICATION	that initieted evants resulting in death) LAST									ļ	
the attent Mental H			d.									
D D	PHYSICIAN: MEDICAL	PART II. Other aignificant condition	na contributing to deeth	but not r	eculting in	the underly	ing cause given in	Part I. 24	e. WAS AN AU PERFORME		AVA	RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION OF CAUSE
世 多年 篇	ă							_ 1	YES 2	NO [DEATH?
v requires been sign t. of Heal	Z							- 1			1	YES 2 NO
law as b bept	AN	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DEATH (Ch	ock only one)				
SICIAN: The certificate h the State I	SC	EXAMINER?	HOSPITAL:	utnationt 3		THER:	ome 5 hasidence		neolfu)			
PHYSICIAN: The this certificate h with the State E	H	27. MANNER OF DEATN	28s. DATE OF INJUR	RY	28b. TIME (OF 28c. I	NJURY AT			URY OCCURED)	
s PHYSIC or this ce th with the		1 Naturat 5 Pending 2 Accident trivestigation	(Month, Day, Yea	7)	INJUR		WORK? YES 2 NO					
NDING R: After er death	D BY	3 Suicide 6 Could not be	28e. PLACE OF INJU	JRY — At ho Specify)	me, farm, stre	et, factory, of	fice		ON (Street and lown, State)	Number or Ru	ral Route	Number,
OR ATTENDING DIRECTOR: After hours after death	ETE	4 Homicide determined										
TAL OR A AL DIREC 72 hours If Item	P		SICIAN: To the best of my kr	owledge, de	ath occurred	at the time, de	ate and place, end dua	to the cause(a) and menne	or as stated.		
HOSPITAL OR ATTENDING FUNERAL DIRECTOR: After within 72 hours after death TANT: If Item 28 Is ma	COMPLETED	one) 2 MEDICAL EXAMIN	ER: On the basis of examine	ntion and/or	Investigation,	in my opinion	, death occured at the	time, data an	d place, and o	dus to the cau	se(s) and	d menner as stated
TO THE HOSPI TO THE FUNER OF filed within	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	1				29c. LICENSE NUM		1	9d. DATE SIGI	NED (Mo	rith, Day, Year)
5 5 3 M	10 B	willing !	Landle,	+	ms		1712	808		81.	719	Z
		30. NAME AND ADDRESS OF PERSON W			- / (// - /			22	1		- 11	1 01002
		William E. Rand	Jr., M.l	CNATURE	1205 Y	OTER KO	paa Suite	55	Luine	wille	, MC	1. 21093
		31. DATE FILED (MONTH GOV COM) '9	32. REGISTRAR'S S	Devide	- Aland	all.						

		CE	RTIF	ICAI	E OF	DEA	I H		REG. NO	J	5.	7 2 9 6 0
tner								Augu	4 40	199	YEAR 2	3. TIME OF DEATH 3. 11:30 A M
5. SEX	6. AGE (II			IF UNDER	DAYS	IF UNDER	MIN.	(Mont	OF BIRTN		Count	
1 M 2 D F	7	1	YRS.					May	19, 1	921		v York
et and number)				9b. CIT		ikesi					nty of c	
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imore			10c. CIT		or local	ille				,		10d. INSIDE CITY LIMITS? 1 TYES 2 NO
					10	I. ZIP COD	2120.	ŝ		10g. CiT	US/	WHAT COUNTRY?
IF YES, GIVE	1 YES	2 N		13.	If yes, sp		en, Maxica	n, Puerto	N? (Specify Yea Rican, atc.)	or No—	Blac	E — American Indian, ck, White, atc. city: White
TION ompleted)		(GI	CEDENT'S	work done	during mo	ON ost of workl	ng	168	b. KIND OF BU	SINESS/IN		
Callege (1-4 or	5+)	life.	Coll	oo rotirod.) Lect					Financ	ial 1	irm	
er						16. MOT			Middle, Meiden ibbons	Surname)		
ıer									ille,		212	08
val from State	20b.	PLACE	OF DISPO	SITION (N	lame of ce	metery cre-	metory or			CATION -	City or T	own, State
NSEE		0.00	1 00001			ND ADDRE						stown Rd.
~ P&	wel	e			Elin	e Fui	rera	e Hoi				on, Md.
mplications t	nat caused euse on ea	tha da	ath. Do	not ante	r the mo	ode of dy	/ing, suc	h as car	rdiac or reap	iratory a	reat,	Approximata Interval Between Onset and Death
(000	D										10gr
DUE :	O (OR AS A	CONSE	OUENCE C	OF):								9
DUE .	O (OR AS A	CONSE	DUENCE C	OF):								
DUE .	O (OR AS A	CONSE	DUENCE C	P);								
contributing	to deeth b	ut not r	eeuiting	In the u	ınderiyir	g cause	given in	Part I.	24a. WAS AF	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
								_	PERFO	- 13		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
												1 YES 2 NO
HOSPITAL:	□ SPringer	otlant 2		OTHE	R:	LACE OF						
28s. DATE		attent 5	28b. Tfl		28c. IN	JURY AT ORK?	□ NO	Y	er (Specify)	INJURY O	CCURED	
28e. PLACI buildir	OF INJURY ng, atc. (Spec	— At ho	ome, farm,	street, fa				28t, LO	CATION (Street y or Town, State	and Numb	er or Rural	l Route Number,
IAN: To the best	of my know	fados d	ath coor	rad at the	time 4-	a and ste-	n and de	n to the	augo/a) and —	nner ee ~	etad	
And The						-			1-11			o(a) and menner as stated.
					-	29c. Life	CENSE NU	MBER		29d. DA	TE SIGNE	ED (Month, Day, Year)
und	LLL		ma				DIS	UZZ	8	•	817	197
unel	LI		MA	1		1	1)1,	210	2		XIT	147

THE OF THE OF	TO BE COMBI ETER BY BUYSICIAN. MENICAL SERTICISATION	
al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	4
oval.	be filed within 72 hours after death with the State Order Archite and Argiene prior to burial, cremation, or remo	25
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this cerman him to be a stending physician and completely filled in by the funeral director, page 5 should be detached	200
tter death. Page 6 may be retained by the hosp	TO THE MOSPITAL OR ATTENDING PHYSICIAN. The law workers that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	0
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	

	1 - STATE REGISTRAR	STATE OF MA		FIFICAT				REG. NO.	Ŀ	to home	C C J O I	i
	1. DECEDENT'S NAME (First, Middle, Last)	RU D.	AVIDIR	TRACO	FE			2. DATE OF DEATH	29	92	3. TIME OF DEATH	м
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birth		ER 1 YEAR	F UNDER	24 HPS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	148	8. BIRTH Couptr Oh	PLACE (State or Foreign	
	9e. FACILITY NAME (If not institution, give s		77"		TY, TOWN O	" LOCATIO	ON OF DEAT	January 4		NTY OF O		_
OR	Shock Trauma Un		Hospital		altim		City		90. 600	INTY OF G	EATH	
اظ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	city, town	00 1 0017	104								
DIRECTOR	Maryland Howa		100		umbia				10d. INSIDE CITY LIMITS? X 1 YES 2 NO			
	10e. STREET AND NUMBER				10f.	ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?	_
FUNERAL	9258 Hobnail Cour	12. WAS DECEDENT 6				21	045		U.S.A.			
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	13	I WAS DECE If yes, spe 1 YES	cify Cuba	n, Mexicen,	ORIGIN? (Specify Yes Puerto Ricen, etc.)	or No-	14. RACE Black Speci	- American Indian, t, White, etc.			
	15. OECEDENT'S EOU (Specify only highest grade	CATION completed)	(Give kin	NT'S USUAL	e durina mos	N at of workin	a	16b. KIND OF BUS	SINESS/IN	DUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do N	iot use retired. ninist)		•	Huma	an Se	ervio	es	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Ada	1111100	1		IEB'S NAMI	E (First, Middle, Meiden	Sumamal			
BE C	Alfred Kira	cofe				N	lauri	na Messi	nger			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MA	ILING ADDRES	SS (Street en	nd Number	or Rural Ro	ute Number, City or Town	n, State, Zij	Code)	10/2	
-	Emily E Parkhurst	Ċ					Dr.	Ellicott (
	1 Burial 2 Cremation 3 Remi	oval from State	20b. PLACE AND D cemetery, cremetor Metro			ne of			CATION — ONSV:	City or To	wn, State Md .	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE .	0 -0			DADORES	S OF FACIL	Funeral	Home	Inc		
	Harry	H. Will	2 ke	4	112	old (Colum	bia Pike	E111	cott	City	
	23. PART I. Enter the diseases, or coshock, or heart reliure. IMMEDIATE CAUSE (Final	List only one cause	On each line.						ratory ar	rest,	Approximate Interval Between Onset and Des	
	disease or condition resulting in death)	. Mult	R AS A CONSEQUEN	Sus CE OFI:	tem	n Fa	ailu	ire		-(1	
NO	Sequentially list conditions,	b. Pulmo	phary (ontu	ision	15	bla	terally		a	1	
CERTIFICATION	cause. Enter UNDERLYING	. Acut	e hepat	ic av	nd r	ena	Q f	ailure	1	W		
E	CAUSE (Disease or Injury that Initiated events resulting in daeth) LAST	OUE TO (O	R AS A CONSEQUEN	CE OF):					4	2 19	0	
SER		ó							1	3	5	
ICAL	PART II. Other significent condition							PERFÓR		\$ 1940	WERE AUTOPSY PINDING MAILABLE PRIOR TO	5
DIG	Severe coaque	Lopathy	; 15p	ne (comp	ores	Sior	1 Deres à	h "		COMPLETION OF CAUSE OF DEATH?	
Z	fractures To, 6	, 7,8						- 1	*		1 ☐ YES 2 DE NO	
NAN	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DI	EATH (Check	k only one)	_	_		-
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpetient 3 🗆 Di	OA 4 Nu		5 🗆 Re	sidence 6	Other (Specify)				
BY PHYSICIAN: MED	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF IN (Month) Day,		TIME OF	28c. INJU WOF	RK?	/	ell from Cl	JURY OC	CURED A	r. Kiracofe	2
	2 Accident Investigation	280. PLACE OF 1	NJURY — At home, to	erm, street, fa	1 Y	ES 2 []		25-30 fe	et.			_
COMPLETED	4 Homicide 6 Could not be determined	building, etc	tin Mou					City or Town, State)	nd Number	r or norm n	ioote Numoer,	
PLE	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my				and place,	end due to	the cause(e) end men	ner ee sta	ted.		
NO.	000) 2 MEOICAL EXAMINE) end menner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	. /) /	15			29c. LICE	NSE NUMB	ER	29d. DAT	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	1.D.	(Tena Driet)						7/2	9/92	
	Maryland Instit	tute of En	neraencii	Medi	cal S	ervi	ces	225,G Baltin	reci	ies	£.	
	31. DATE ACED (Month, Day, Year)	32. REGISTRAR'S	S SIGNATURE					DU-[17]	WI E	, 191	*	-
	JUL 31 '92	gioria Davido	m- Mondette									

And the State of the State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of

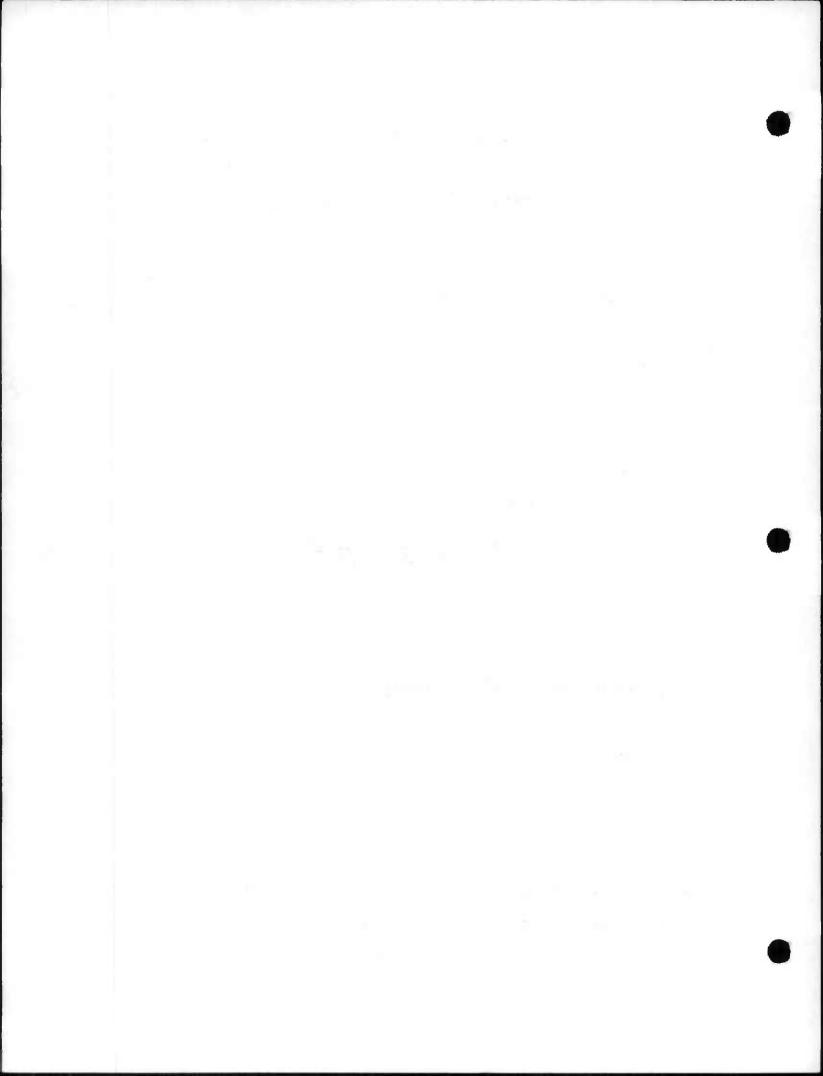
s after death. Page 6 may be retained by the hosp	by the funeral director, page 5 should be detache emoval.	lical examiner must be notified at once.
the death certificate be executed within 24-nours	manufacture in the light and completely filled in	injure at other traumatic event, the med
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR. After this certificate has been some the arminum previous and completely filled in by the funeral director, page 5 should be detached the funeral one of the funeral of the funeral death with the State Bent, or health and the funeral companion, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injuries other traumatic event, the medical examiner must be notified at once.

	FOR 1 _ STATE	STATE OF MARYLAI					9	2 22962
	REGISTRAR		CERTIFIC	ATE OF DEAT		REG. NO.		
		EPCAR.	KING		MO	TE OF DEATH DAY	92	AR 9 M
	4. SOCIAL SECURITY NUMBER 212 02-8662	5. SEX 8. AGE (In	1	UNDER 1 YEAR IF UNDER	MIN. 7. DA	TE OF BIRTH onth, Day, Year)	7 8	HRTHPLACE (State or Foreign ountry)
OR	90. FACILITY NAME (If not institution, give stre Eastern Shor	e Hosp G	Y . 9b	Cam by	ion of DEATH		9c. COUNTY	chester
5	RESIDENCE OF DECEDENT	4			0			
DIRECTOR	MD XXX	XX Carolin		gely				18d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	307 Park Aver	ıue		101. ZIP COD			10g. CITIZEN	of what country?
BY FUN		12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 W NO	13. WAS DECENDENT OF BY YES, apacify Cube 1 YES 2 NO	en, Mexican, Puer			RACE — American Indien, Black, White, etc. Specify W
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		ille. Do NOT use re	done during most of world tired.)	ing	16b. KIND OF BUS		RY
Ξ	9		iruc	kDriver				
ш	17. FATHER'S NAME (First, Middle, Last) Enoch King				ose So	at, Middle, Meiden 11oway	Surname)	
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street end Numbe	or or Rural Route N	lumber, City or Town	n, State, Zip Cod	le)
۲	Delma King		same	as above				
	20a, METHOD OF DISPOSITION V Nurlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	other place)	on (Name of cometery, creatury Cemet			CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE"	1155	22. NAME AND ADDRE		1 111	TTTIE	COHI
	Mary B. 5	tellows		Fellows	S Fune:	ral Ho	me, P	.A. 21651
	23. PART I. Enter the diseases, or co	omplications that caused	tha deeth. Do not	enter the mode of dy	ying, auch as o	ardiec or respi	ratory arrest,	Approximete
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	let only one cause on eed.	VP &	CHF				Interval Between Onset and Death
_	resulting in death)	OUE TO (OR AS A	CONSEQUENCE OF):					
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):					
CEBIT		l						
Á	PART II. Other algorificent conditions	. /	t not resulting in t	the underlying cause	given in Part i	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA			0			1 1 123 2	- Conco	OF DEATH?
2								
A	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF	DEATH (Check onl	ly one)		
20	EXAMINER?	HOSPITAL:		THER:	Residence 6 0 6	Other (Specific)		
PHYSICIAN:	27. MANNEB-OF DEATH	28a. DATE OF INJURY	26b. TIME C	F 28c. INJURY AT		DESCRIBE HOW I	NJURY OCCUR	ED
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	WORK?	□ NO			
ED BY	2 Accident Investigation 3 Suicide e Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, stc. (Specif	— A1 home, farm, stre	et, factory, office		LOCATION (Street of City or Town, State)		Rural Route Number,
COMPLETED	one)	CIAN: To the best of my knowle						
S	2 MEDICAL EXAMINE	R: On the basie of examination	end/or investigation,	in my opinion, death occ	ured at the fime,	date end place, er	nd due to the ca	suse(e) end menner ee stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LR	CENSE NUMBER	_	29d. DATE SI	GNED (Month, Day, Year)
9 0	Leave Hil	rech M	0	D	0 480	27		7/28/92
	36. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEA	TH STEM 27 /Tone De	(nt)				, ,

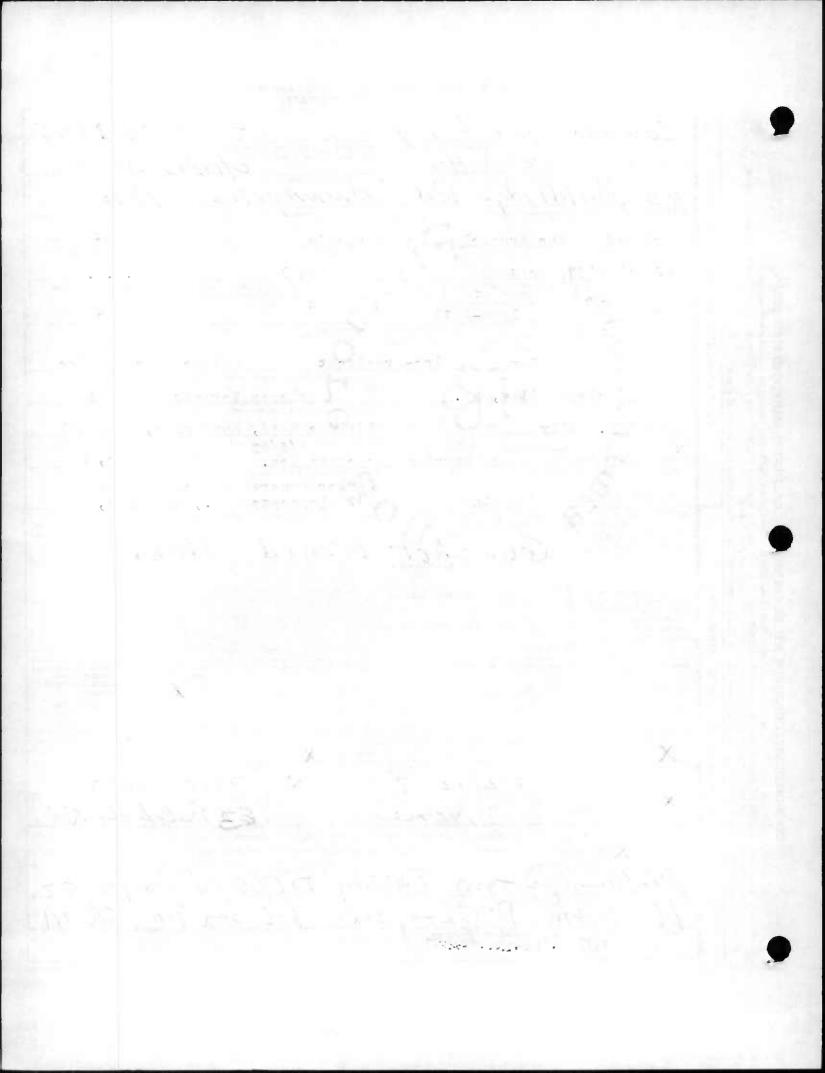
17. BIECH M 32. REGISTRAR'S SIGNATURE Julia Davidson-Randelle

S1. DATE FILED (MONTH). Day, Year)
ANG 3 '97

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	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEA		NTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	N, L	-1174.	JR.		DATE OF DEATH	SYEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/2 48 6 0 7 7	5. SEX 8. AGE				DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
NC N	9a. FACILITY NAME (If not inptitution, give at	repot and number)	Rd.	b. CITY, TOWN OR L	OCATION OF DEATH	9c. COU	Maryland NY OF DEATH A 21
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY
	Maryland Ann	ne Arundel	A	nnapoli	S P CODE	10a CIT	1 YES 2 NO
FUNERAL	63 Baldridge			-	1401		U.S.A.
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 NO ATES	If yes, specif	DENT OF HISPANIC O y Cuban, Mexican, Pu CNO Specify:	ORIOIN? (Specify Yes or No uerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	18s. DECEDENT'S US (Give kind of work life. Do NOT use of	k done during most o	working	16b. KIND OF BUSINESS/IN	DUSTRY
MPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Vice-Pro		Marie I	Maintenan	ce Service
00	17. FATHER'S NAME (First, Middle, Last) Edward Nelson	Lilly Sn				First, Middle, Meiden Surneme)	M
TO BE	19a, INFORMANT'S NAME (Type/Print)	DILLY, OI	19b. MAILINO AL			Veronica la Number, City or Town, State, Zig	
-	Carol M. Iill					Annapolis	MD 21401
	1 🖾 Burisi 2 🗆 Cremation 3 🗆 Remo	- FIT	netery, crematory or other		8/5/92 s Cem.		ville, MD
	21. SIGNATURE OF PUNERAL SERVICE LIC	dunisee)		Taylor		Chapel	21401
	23. PART i. Enter the diseasea, or c ahock, or heart failure. I		the death. Do not ach line.	enter the mode	of dying, such as	cardiec or reaplratory an	reat, Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	GUNS OUE TO (OR AS	hot-	Wo	und	Hex	2 Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS /	CONSEQUENCE OF):				
FICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	resulting in death) LAST	l					
AL C	PART II. Other algnificant conditions	contributing to death b	ut not reaulting in t	tha underlying co	uae given in Parl	t i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
PHYSICIAN: MEDIC						1 - YES 2 NO	COMPLETION OF CAUSE OF DEATH?
N.							1 NES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 D YES 2 \(\subseteq NO \)	HOSPITAL: 1 Inpetient 2 ER/Outp		THER:	OF DEATH (Check o		
PHYS	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, War)	28b. TIME O	Nursing Home 5 PF 28c. INJURY WORK?	AT 28d	Other (Specify)	CURED
BY	1 Natural S Pending 2 Accident Investigation 3 Suicide S Could not be	8/Z/G	Z 7	M 1 TES	2 NO	NOT NUMBER OF NUMBER	Self
ETED	4 Homicide B Could not be determined	building, etc. (Spec	Force	-		City or Town, State)	lively Rd
COMPLETED						ne cause(s) and manner as ste , date and place, and due to th	ted. ne cause(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	2 mg	Den	nety 20	DOG	0.54 DAT	E SIGNED Morith, Day, Your)
5	30. NAME AND ADDRESS OF PERSON WHITE	PJO	NOS !	int)	Po	Boxag	20111
	AUG 0 4 1992 Ju	die Davydson Hon	ATT INC.				

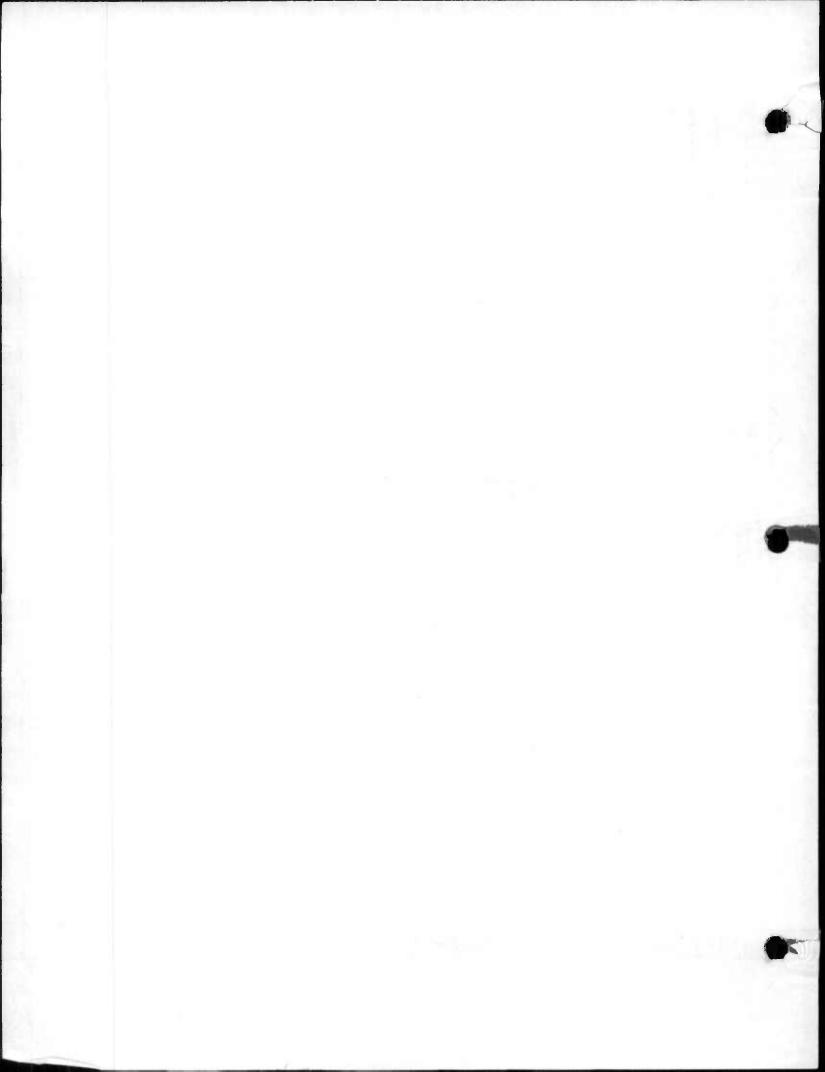


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hrours after death. Page maxim 10 THE FUNERAL URIGIDE: After this certificate has been signed by the attending physician and completely filled in by the funeral dimensional and completely filled in by the funeral dimensional death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPDGMANT: it item 28 is maximal, or litem 23 shows any nitror, or other traumatic event, the medical examiner.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	FRTIFICATE	O	F DEAT	H		DEC NO

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	_	2 22964		
	1. DECEDENT'S NAME (First, Middle, Last)			1		2. DATE OF DEATH		3. TIME OF DEATN		
- 1	Annie L.				VIES		195	1820 "		
- i	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 6	HRTNPLACE (State or Foreign		
	216-40-2820	1 🗌 M 2 🙀 F	51 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 11/25/40		erriday, LA		
	9a. FACILITY NAME (If not institution, give st	treet and number)		9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY			
DIRECTOR	PENINSULA REGIO	ONAL MEDICAL	CENTER	SAL	ISBURY		WIC	OMICO		
ច្ឆ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	L son CITY	TOWN OR LOCAT	1011					
E	200.000	omico			ION			10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	Omico	Sal	Lisbury	ZIP CODE			1 TES 2 NO		
FUNERAL	Rt. 2, Wilson La	no Boy 552		101				OF WHAT COUNTRY?		
	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	ILLE ADMED	40 400 000	21801		United States			
	1 Never Married 2 Married	FORCES? 1 TYES	2 X NO	If yes, spe	cify Cuban, Maxica	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, atc.		
À	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES	2 NO Specify	<i>i</i> :		Specify: Black		
	15. DECEDENT'S EDUC	CATION	18a. DECEDENT'S L	SUAL OCCUPATION)N	18b. KIND OF BUS	SINESS/INDUST	RY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we life. Do NOT use	ork done during mos retired.)	st of working					
COMPLET	12	ì	Laborer/	Mechani	С	Airplan	e Part	s Manuf.		
Š	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Malden				
w I	Fred Martin, Sr.				Beatri	ce Hogan				
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Poute Number, City or Tow.	n, State, Zip God	0)		
F	William L. Lyles		Rt. 2,	Wilson	Lane, B	ox 552, Sa	lisbur	y, MD 21801		
	20e METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remai		PLACE AND DATE OF	F DISPOSITION (No.			CATION — City			
	4 Donation 5 D Other (Specify)	S	etery, crematory or oth pringhill	Memory	Gardens	7/30 Heb	ron, M	D		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			D ADDRESS OF FA					
	1	total		725 R	iverside	Dr., Sali	sbury,	MD 21801		
23. PARTI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart fallure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. Media fallic Oreas + Cancer DUE TO (OR AS A CONSEQUENCE OF):							Interval Between Onset and Death			
CEHIIFICALION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
ا د	PART II. Other aignificant condition	a contributing to death b	ut not regulting in	the underlying	cause given in	Part I. 24s, WAS AN	AUTOBEV	24b. WERE AUTOPSY FINDINGS		
3						PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE		
MEDIC						1 🗆 YES 2	KNO	OF DEATH?		
								1 Nes 2 No		
Z	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ack only one)				
EXAMINER? 1 YES 2 NO 1 YES 2 NO 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 No SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPITAL: 1 NO SPIT										
27. MANNER OF GEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? WORK? M 1 VER 3 NO							VILIBA OCCUBE	D		
							WOOTH COCONE			
	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	- At home, ferm, str			28f. LOCATION (Street a	t and Number or Rural Route Number,			
4 Homicide datarmined building, atc. (Specify) City or Town, State)								net riode realition,		
3 Suicide 6 Could not be detarmined 29a. PLACE OF INJURY — At home, farm, streat, factory, office 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and manner as stated.										
N N	(2 E 1)	I m.	0		29c. LICENSE NUM		29d. DATE SIG	NEO (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO			Period L	2306	90	7/2	7/92		
	James E. Mai					51	1 = 4	10 14 -		
ı	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	TURE	<u></u>	//	7 . 7 KI	11500	7, 70.		
	.111 2 8 1992	32. REGISTRAR'S SIGN	andelly							



TO THE HOSPITAL OR ATTENDING PHYSICAL TO THE FUNERAL DIRECTOR: After this cert be filed within 72 hours after death with the IMPORTANT; If Item 28 1s marked, or DIVISION OF

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMI CERTIFICA	ENT OF H	IEALTH AND	MENTAL HYGIEN	IE .	2 22900			
	1. DECEDENT'S NAME (First, Middle, Last) Ada T. Loeber					2. DATE OF DEATH MONTH D	MY Y	3. TIME OF DEATH 992 12:40 P			
	4. SOCIAL SECURITY NUMBER 578-62-8482	1 🗆 M 2 💢 F	88 YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-15-	8.	BIRTHPLACE (State or Foreign Country)			
DIRECTOR	9a. FACILITY NAME (If not institution, give str National Lutherar RESIDENCE OF DECEDENT		9b.	Rockv	ille	DEATH	9c. COUNT	y of death gomery			
	Maryland Monte	omery	Rocky	ville				10d. INSIDE CITY LIMITS? MX YES 2 □ NO			
FUNERAL	9701 Viers Drive	12. WAS DECEDENT EVER IN U.S	ARMED	13. WAS DEC	20850	NIC ORIGIN? (Specify Yar	U.S	N OF WHAT COUNTRY?			
ВУ	1 Never Married 2 Married Widowed 4 Divorced 15. DECEDENT'S EQUC	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	DECEDENT'S USUA	If yes, spi	ecity Cuben, Mexic 2XXNO Spec	en, Puerto Rican, etc.) ily:		SpecHy: White			
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work di life. Do NOT use retin Homemake	lone during mo ed.)	on st of working	166. KIND OF BU		TRY			
BE	17. FATHER'S NAME (First, Middle, Last) Edward Hoelter Eugenia Bittner										
10	Eugenia Parker 4615 Ellicott St., NW Washington, D.C. 20016 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 20c. PLACE AND DATE OF DISPOSITION 20c. PLACE AND DATE OF DISPOSITION 20c. PLACE AND DATE OF DATE OF DISPOSITION 20c. PLACE AND DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE										
	4 N Done Hom 5 Other (Specify) Geo Wash Univ Med School 8-17-92 Washington, D.C. 22. NAME AND ADDRESS OF FACILITY Columbia Mortuary Services, Inc. 225 Missouri Ave, NW Washington, DC 20011										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Levely al Vascular Durante Onset and Death										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Cavalian Management of the conditions of the consequence of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the conditi										
ED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH?										
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 OTHER:										
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJL WOI	JRY AT	6 Other (Specify) 28d. OESCRIBE HOW INJURY OCCURED					
	3 Sulcide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28e. CERTIFIER										
COMPLET	(Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge, On the basis of examination and	death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the death occurred at the	ny opinion, de	and place, and dua	to the cause(s) and men	ner es atated.	ause(s) and manner as stated.			
TO BE	29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) D 366/8 D 3-77-72										

15200 Shady Grove Road, Rockville, Maryland

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. BEGISTRAFTS SIGNATURE whis Denden Ra

Christopher Schemm,

31. DATE FILES (Month, Day, Year) AUG 2 0 1992

11-1 --1 FOR STATE REGISTRAR

O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

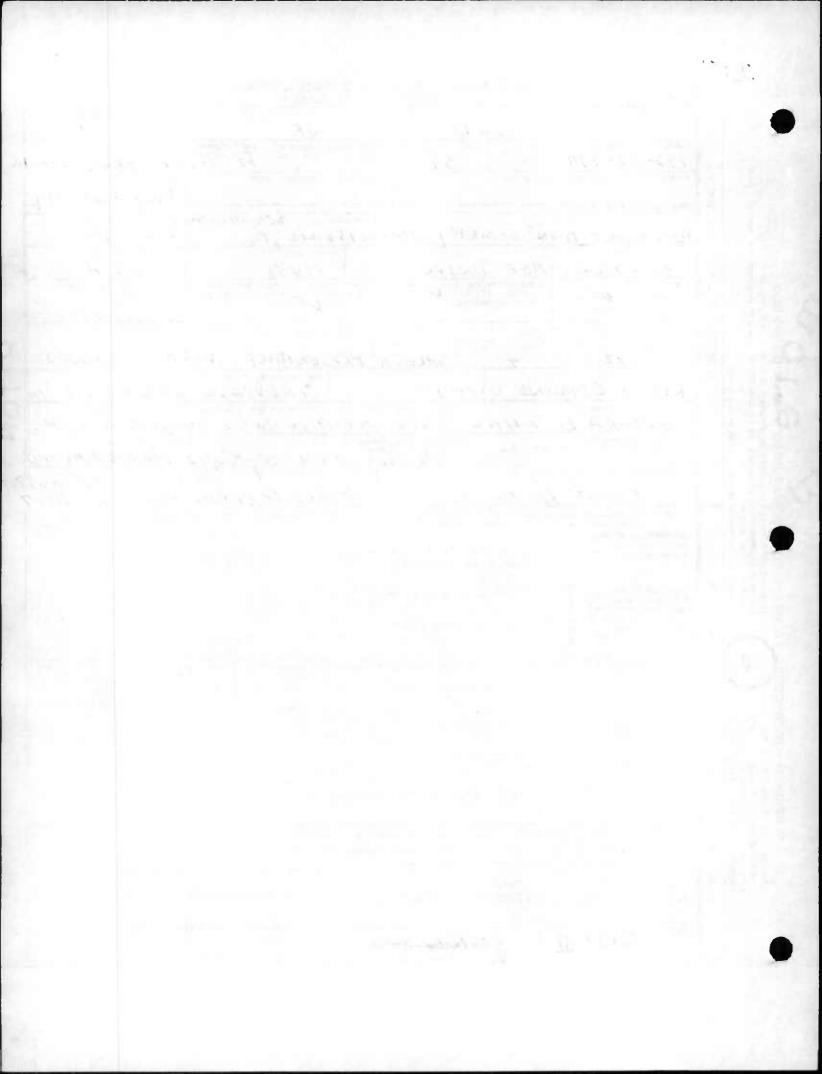
will cate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The physician and completely filled in by the hineral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS PO. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law resonant inflicate be executed within 24 TO THE FUNERAL DIRECTOR: After this certificate has been some by a similar applysician and completely file befind within 72 hours after death with the State Dept. or hearn into the person prior to burial, cremation

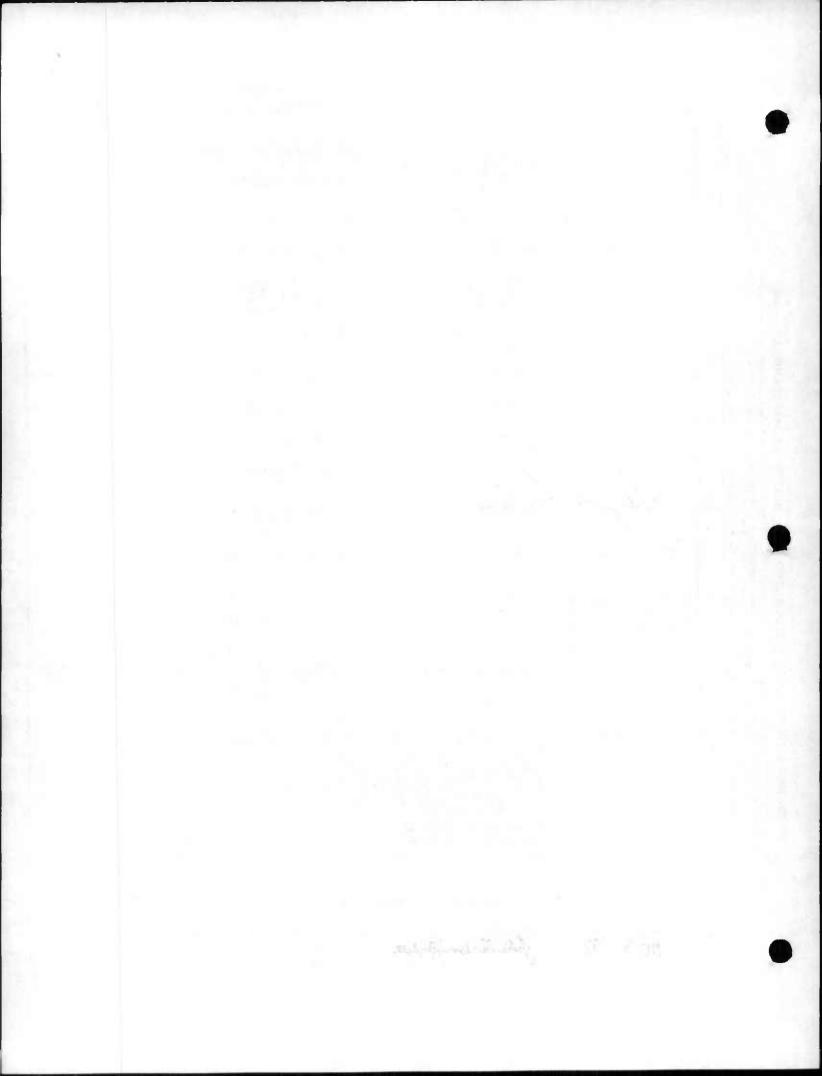
	JOSEPH EDMUND LIPPY JR.	2	DATE OF DEATH DAY YE	3. TIME OF DEATH							
	101 70 7000	UNDER 1 YEAR IF UNDER 24 HRS. 7.	DATE OF BIRTH 8.	BIRTHPLACE (State or Foreign Country)							
	780-32-7713 1 W 2 L F 3 / YRS.	THE DATS HOURS MIN.	12-3-1940	PENNSYLVAN							
00	9a. FACILITY NAME (If not institution, give street and number)	CITY, TOWN OR LOCATION OF DEATH									
CTOR	SHOCK TRAUMA BALTIMORE BALTIMORE CIT										
H.	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 506 HERITAGE 10d. INSIDE CITY										
0	PENNSYCHANIA MONTGOMERY HAR	LEYSVILLE, Pa	DRIVE.	1 VES 2 NO							
ERAL	10s. STREET AND NUMBER	101. ZIP CODE	10g. CITIZEN	OF WHAT COUNTRY?							
ÿ	506 HERITAGE DRIVE	19438	4	, S. A.							
FUN	11. MARITAL STATUS 1 Never Married 12. WAS DECEDENT EVER IN U.S. ARMS07 FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPANIC if yes, specify Cuben, Mexican, P	ORIGIN7 (Specify Yes or No- 14, varto Rican, etc.)	RACE American Indian, Black, White, etc.							
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	1 TYES 2 THO Specify:		Specify:							
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USL (Give kind of work	AL OCCUPATION done during most of working	166. KIND OF BUSINESS/INDUST	RY							
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)	ired.)	- MATTER A	1245. 166							
COMPI	17. FATHER'S NAME (First, Middle, Last)		METAL	WITH INGS							
76 111	REV. J. EDMUND LIPPY		(First, Middle, Maiden Surname)	RU 11PP4							
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADI	DRESS (Street and Number or Rural Rout									
be no		HERITAGE DK	IVE HARLEY	SVILLE, AA.							
must	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of camelage, organization of community of the place)										
	4 Donation 8 Other (Specify) 21. SIGNATURE OF PURSHAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 24. NAME AND ADDRESS OF FACILITY										
examiner	+ HALA NO 91 WILLS ST. WESTMINS										
	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate										
event, the medical	shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) But to (OR AS A CONSEQUENCE OF):	r	social of respiratory arrest,	Interval Between Onset and Daath							
40	Convention the transfer of b.										
traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
画に	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
SERIE	resulting in death) LAST										
2 .	PART II. Other aignificent conditions contributing to death but not resulting in the	te underlying cause given in Par	t i. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS							
EDICAL		o diladitying dodae given in rai	PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE							
MED			1 X YES 2 NO	DF DEATH?							
w				· M ica · □ no							
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLACE OF DEATH (Check	only one)								
YS!	1 X YES 2 NO 1 No Inpatient 2 □ ER/Outpatient 3 □ DOA 4 □	HER: Nursing Home 5 Residence 8	Other (Specify)								
P E	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 1 Netural 5 Pending	28c. INJURY AT 28 WORK?	6d. DEŞCRIBE HOW INJURY OCCURED								
marked BY PH	2 Accident Investigation U8/U4/92 9:33A	DRIVER IN AUTO ACCIDENT									
Z8 Is	4 Homicide determined determined										
I Item 2	29e. CERTIFIER		R 614 SOUTH								
MPORTANT: IF	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in	my opinion, death occured at the time	ne cause(a) and manner as stated. I, date end place, end dua to the ca	use(s) and manner ee stated.							
E C	296. SIGNATURE AND TITLE OF CERTIFIER	29c, LICENSE NUMBER		GNED (Month, Day, Year)							
TO B	Nonald of Wright MO	O.C.M.E.		05/92							
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	1 307	99, 39							
	JONALO G WRIGHT MD	111 PENN STREET	BALTIMORE MARY	LAND 21201							
	31. DATE FILED (MATTO DO 7 '92 32. REGISTRAR'S SIGNATURE	2									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



AN	the hos	detache	once.
BALTIMORE, MARYLANI	TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires the mine defined be executed within 24 frouts after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been speed by the proposition and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept. or the proposition of the proposition of removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any rolling of their traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	sayrba:	of Health	shows a
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICA	NT OF H	EALTH AND DEATH	MENTA	L HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH	DAY		. TIME OF DEATH	
	Vincent Will		upoli		July			7.1992	YEAR	7:40 p	
	4. SOCIAL SECURITY NUMBER			DER 1 YEAR	IF UNDER 24 HRS.	7. DATE		. BIRTHPI Country)	ACE (State or Foreign		
		$192-12-6166$ 1 \overline{X} M 2 ${}^{\Box}$ F 70 YRS. MONTHS DAYS HOURS MIN. July 12,1922								PA	
CTOR	33 Ash Road - White Crystal Earleville Ceci										
DIRECTOR	10a. STATE 10b. COUNT	tie. GITY, TOWN OR LOCATION								Od. INSIDE CITY LIMITS? YES 2 XNO	
AL	10e. STREET AND NUMBER	10g. CITIZEN OF WHAT COUNTRY									
띮	33 Ash Road	USA									
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECE	21919 NDENT OF HISPAI Hy Guben, Maxice XXNO Specifi	NIC ORIGIN In, Puerto	f? (Specify Yo Rican, etc.)	es or No— 14	RACE -	- American Indian, White, etc.	
	15. DECEDENT'S EDU	ICATION WW T T	16a. DECEDENT'S USUAL	OCCUPATION		1 455	VIND OF BU			White	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work do life. Do NOT use retire	ne during most d.)	of working			JSINESS/INDUS	TRY		
ž I	12		Barber				Barbe	er			
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Surneme)			
BE	Frank Lupoli				Anna						
2	Dorothy Lupol	4	19b. MAILING ADDR	- 1		Route Numi	ber, City or Tox	vn, State, Zip Co	ode)		
	20a, METHOD OF DISPOSITION	201	same as								
	WXBuriel 2 Cremetion 3 Removel from State 4 Donetton 5 Other (Specify) State 200. FLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) St. Dennis Cemetery 7/31/92 Galena MD										
	21. SIGNATURE OF VINERAL SERVICE LICENSES. 22. NAME AND ADDRESS OF FACILITY										
	Fellows Funeral Home, P. A. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Lung Curcinoma, large cell type Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): CAUSE (Disease or injury										
CERI	that initiated events resulting in death) LAST Due TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							AUTOPSY RMED?	Al- CC OI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATH (Che	eck only on	e)				
2	26. PLACE OF DEATH (Check only one)										
Ē	27. MANNER OF OEATH 28b. DATE OF INJURY (Month), Day, Iban) 28b. TIME OF WORK? 28b. TIME OF WORK? 28b. TIME OF WORK? 28b. TIME OF WORK?								ED		
	1 Natural 5 Pending 2 Accident Investigation	OLDONIOL NOW MAJORY OCCURED									
3	3 Suicide 6 Could not be determined 26a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLEI	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI DIE MEDICAL EXAMINE	CIAN: To the best of my knowle	dge, death occurred at the	e time, data ar	nd place, and due	to the cau	ee(s) and ma	nner as stated,	ouse(s) ar	id menner ea stated.	
a l	296 SIGNATURE AND TITLE OF CERTIFIER		6 -		9c. LICENSE NUM					onth, Day, Year)	
	faricia ?	Treve 7	no		D27	813		D 17	/28	197	
-	30. NAME AND ADDRESS OF PERSON WHO Patricia Greve			alth	Ctr C	oci1	ton	MD 21	212		
8	Patricia Greve 31. DATE FILEO (Month, Day, Mar) ANG 3 92	32. JEGISTRAPIS SIGNAT	-Pandell	- Can (-11)	001.,0			110 21	713		



atic event, the medical examiner must be notified at once.

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIE UF N	MANTLAI	CERTIF			DEATH		REG. NO.	C		
	1. DECEDENT'S NAME (First, Middle, Last)			,				2. DATE OF	DEATH		223	3. TIME OF DEATH
	Samuel AL	EXANDER	Manning A			August 3. 1992			YEAR	10.15 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTH	IPLACE (State or Foreign
	579-09-6282	1√1 M 2 □ F	81	YRS.	MONTHS	DAYS	HOURS MIN.	AUGUS	T 19	1910	WAS	HINGTON, D.C.
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	R LOCATION OF DE				INTY OF D	
۳۱	Physicians Memor	ial Hospi	tal		La	D1 a t				Char	rles	
Ĕl	Physicians Memor		tai							i Gilai	CLES	
DIRECTOR	10e. STATE 10b. COUN				Y, TOWN O							10d. INSIDE CITY LIMITS?
		RLES		IND	IAN I							1XXYES 2 NO
₩.	10e. STREET AND NUMBER						ZIP CODE					WHAT COUNTRY?
崱	#15 EAST POPLAR						0640		UNITED STATES			TATES
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO	H	yes, sp	ENDENT OF HISPAN scity Cuban, Maxica 2 X NO Specify	n, Puerto Ric		or No—	14. RACI Blac Spec	E — American Indian, k, White, etc. #y: BLACK
	15. DECEDENT'S ED	UCATION	-1	16a. DECEDENT'S				16b. K	IND OF BUS	SINESS/IN	DUSTRY	
ᇤ	(Specify only highest grace Elementary/Secondary (0-12)	College (1-4 or 5	·)	(Give kind of a life. Do NOT us	work done d se retired.)	unng mo	st or working					
린	12TH GRADE	3 YEARS		SHEET M	ETAL	INS	TRUCTOR	GO	VERN	ŒNT	/ ED	UCATION
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Mid	die, Maiden	Surname)		
BE	SAMUEL MANNING						EUNICE	BROOK	S MAN	INING	7	
2	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural I					
-	DORIS MANNING							INDIA	_	_		AND 20640
	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rec	moval from State		other place)			netery, crematory or				- City or To	
	4 Donation 5 Other (Specify)	PENSEE / 7	ST	ST. CHARLES CEMETERY 22. NAME AND ADDRESS OF FACILITY					GLYMONT, MARYLAND			
	July Col	RNTON JOH	NSON	sor			er indifference of		HOME	E, Po	MONK	EY, MARYLAND
	23. PART i. Enter the diseases, or				not enter	the mo	de of dying, suc	h as cardis	c or resp	Iratory a	rrest,	Approximate
	shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to lon as a consequence on:								Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
	PART II. Other significant condition	ne contribution to	dooth hud	1	In the con	d a duda		Dard I o	4a, WAS AN	ALITODAN	, Lau	b. WERE AUTOPSY FINDINGS
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၁၂	EXAMINER?	HOSPITAL:	☐ ER/Outpet	tient 3 🗆 DOA	OTHER		e 5 🗆 Rasidenca	8 Other	Specify)			
¥	27. MANNER OF DEATH	INJURY	28b. TR	E OF	28c. IN.	IURY AT	28d. DESC		INJURY O	CCURED		
	1 Natural 5 Pending	Day, Year) INJURY WORK? M 1 TYES 2					The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon					
TED BY	2 Accident investigator 3 Suicide 6 Could not b 4 Homicide determined	— At home, farm, street, factory, office 281. LOCAT City or					LOCATION (Street and Number or Rural Route Number, City or Yown, State)			Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
BE	29b. SIGNATURE AND TITLE OF CERTIF	fai	uo	ade	0		29c, LICENSE NUI D-16132	MBER		29d. DA	TE SIGNE	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON V Nallan C. Ramakr	ishna. M.	D.		ľ,	D P	ost Offi orf, Mar	ce Roa yland	ad Ce 2060	nna 2	Cent	er
	31. DATE FILED MOG. 06 92	32. REGISTS	AR'S SIGNAT	ton-Rand	Siz.							

or attending physician.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained in ThE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		T OF HEALTH AND	MENTAL HYGIEN	E	Lie Co d C d	
	1. DECEDENT'S NAME (First, Middle, Lest) PHYLLIS LOU	JISE M	ORGAN		2. DATE OF DEATH MONTH DA	1992	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 231-44-4474 9a. FACILITY NAME (If not institution, give str	5. SEX 6. AGE (In yr 1 M 2 K F	8. Bit Co	RTHPLACE (State or Foreign unity) irginia F DEATH				
DIRECTOR	Anne Arundel	Medical Cen	ter	Annapoli	s	Anne	Arundel	
	Maryland Princ		10c. CITY, TOWN	or Location yattsville	e		10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
FUNERAL	100. STREET AND NUMBER 5112 41st Ave	enue		101. ZIP CODE 2078	1	10g. CITIZEN O	A A	
В	11. MARITAL STATUS 1 Never Married 2: Merried 3 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	IX NO	WAS DECENDENT OF HISI If yes, specify Cuben, Mex 1 YES 2 NO Spe		В	ACE — American Indian, Black, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) Cotlege (1-4 or 5+)	e. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired andwich	during most of working)	16b. KIND OF BUS	catess		
OMI	17. FATHER'S NAME (First, Middle, Last)		and w.z. on		NAME (First, Middle, Maiden		GIL	
BE C	Claibonne H	arold Vaugh	n	Mai	ry Mahala	White	nouse	
TOB	190. INFORMANT'S NAME (Type/Print) John C. Murgan	Jr.			attsville,			
	20a METHOD OF DISPOSITION X Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State cemeter	ACE AND DATE OF DISPO y, cremetory or other plect Vland Ve	eterans % 7	/ 912	CATION - City of	Town, State	
	21. SIGNATURE OF FUNERAL SERVICE-LICE	enger dunger	25	, NAME AND ADDRESS OF	FACILITY		apolis, Md.	
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart failure. I. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	List only one cause on each	NOMBOUENCE OF):		NOKINZ		Approximate interval Between Onset and Death If Look 3 o y/h	
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	contributing to death but	not resulting in the t	inderlying couse given	in Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26 PLACE OF DEATH ((Check only one)			
	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	10 Inpatient 2 ☐ ER/Outpatie 28a. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?	28rl. DESCRIBE HOW II	NJURY OCCURED)	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, stc. (Specify)	At home, farm, streel, fa		☐ YES 2 Office 281. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end menner es stated.							
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	1 Stee	feld	29c. LICENSE N	UMBER 158	29d. DATE SIGN	4 /9 2	
F	HARRY STE.	NFELD		oe 17	id 20	76.	4	
	31. DATE FILEO (MONTH, Day, Year) AUG 0 7 1992	32 REGISTRAR'S SIGNATU	Bodell					

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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to have after death with the State hair of Health and Mental Hudian nifer to hurral comments or seminal
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	K	REL
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31. DATE FILED (MC

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

214-48-0673

9e. FACILITY NAME (If not institution, give street and number)

DANIEL

1 X M 2 - F

5. SEX

McMULLEN

YRS

MONTHS

DAYS

HOURS

6. AGE (In yrs. last birthday)

CHARLES

4 SOCIAL SECURITY NUMBER

in transit permit. Pages 1, 2, 3 should Anne Arundel Medical Center DIRECTOR Annapolis 10h COUNTY 10a STATE 10c. CITY, TOWN OR LOCATION Maryland Anne Arunde Annapolis FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 804 Parkwood Avenue 21403 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 1 Never Married 2 🔯 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Mechanic 17. FATHER'S NAME (First, Middle, Last) notified at William F. McMullen BE Emma Pieper 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 2 Helen D. McMullen 804 Parkwood Ave., pe 20b. PLACE AND DATE OF DISPOSITION (Name of 8/6/9)2 DATE cemetery, cremetory or other piece) 8/6/912 DATE Cremetory must examiner SIGNATURE OF FUNERAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one IMMEDIATE CAUSE (Final the disease or condition DUE TO JOH AS A CONSEQUENCE OF): Heart event, resulting in death) injury, or other traumatic CERTIFICATION Sequentially ilst conditions, sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events 6,01 DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL Pulmau shows any 284 4 trumbo or 5 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem HOSPITAL: 1 YES 2 NO OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 6 L OR ATTENDING PHYSICI L DIRECTOR: After this cer 2 hours after death with th f item 28 is marked, c 27. MANNER OF DEATH 28b. TIME OF 26c. INJURY AT WORK? 1 Natural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide ETED 6 Could not be 4 Homicide J THE HOSF.,
TO THE FUNERAL DIRECTOR THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDATION OF THE FOUNDAT 29s. CERTIFIER
(Check only

CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. COMPL MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE a me 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Robert

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH 1992 Aug IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, West)
Jan. 27, 1947 8. BIRTHPLACE (State or Foreign Country) MIN Maryland 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel 10d. INSIDE CITY 1 W YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: White 18b. KIND OF BUSINESS/INDUSTRY Buses and Farm Equipment 18. MOTHER'S NAME (First, Middle, Meiden Surname) Annapolis, MD 21403 20c. LOCATION — City or Town, State Alexandria, 21401 147 Gloucester St. Annapolis Approximate Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 (NO OF DEATH? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)

DHMH-16 Rev 1/89

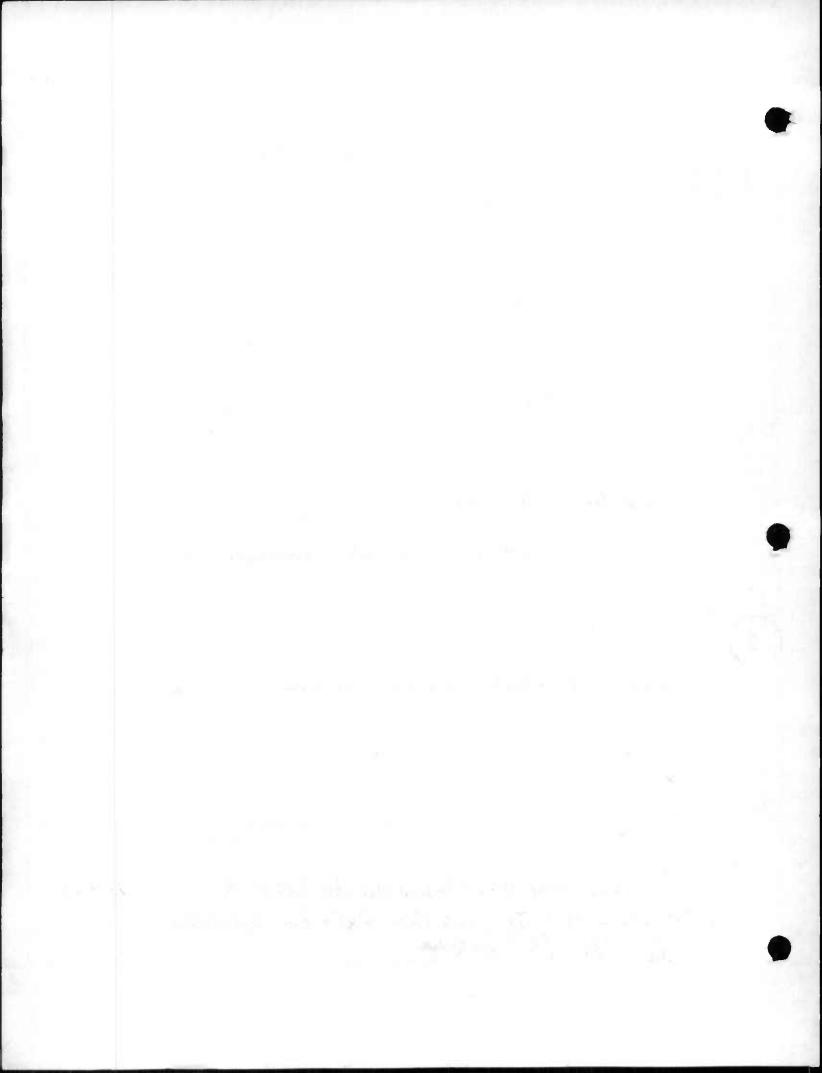
29d. DATE SIGNED (Month, Day, Year)

miller

In be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

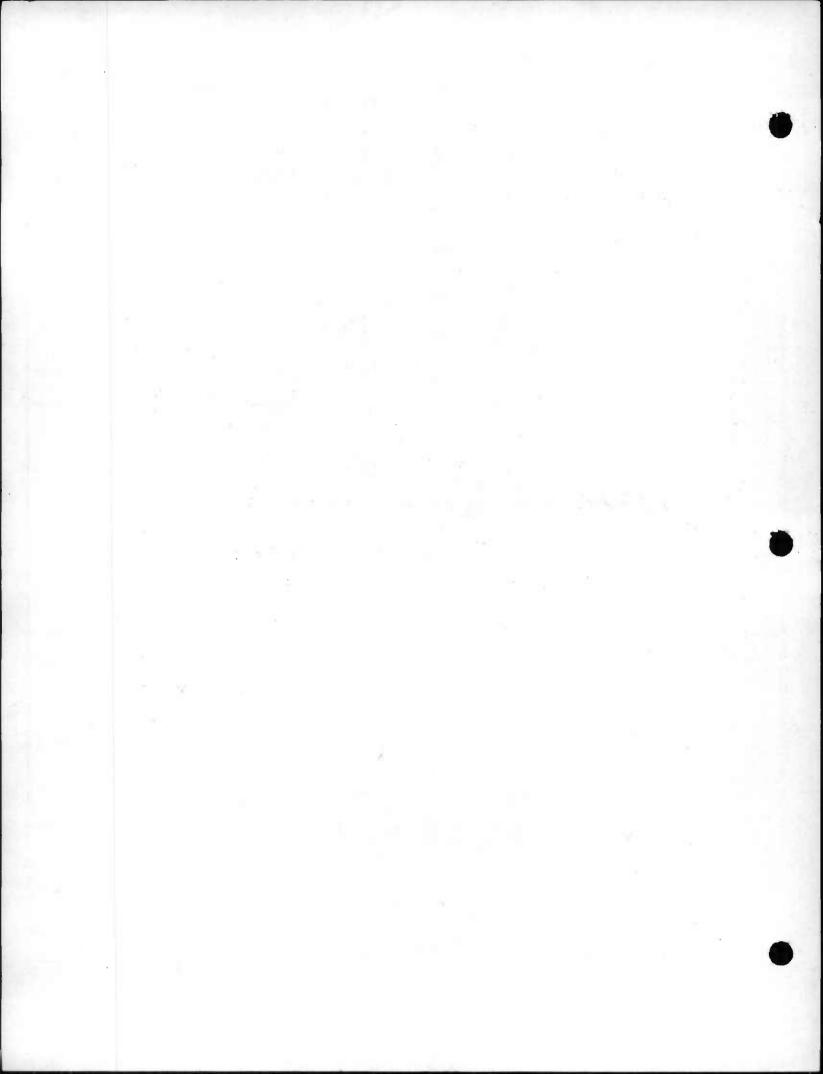
Incian and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should prior to burial, cremation, or removal. her traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that a control to THE FUNERAL DIRECTIOR. After this certificate has been control by the filed within 72 hours after death with the State Dept. of Meutin and MINING IMPORTANT: If Ilem 28 is marked, or Ilem 23 thous any Injury.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN		· to be 271
	1. DECEDENT'S NAME (First, Middle, Less	ELLE MORRIS				2. DATE OF DEATH MONTH DA	AY XEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 223-18-6104 9a. FACILITY NAME (If not Institution, give	5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 1 M 2 F 89 YRS. MONTHS DAYS HOURS				7. DATE OF BIRTH (Month, Day, Year) 10-17-02	8. BIRTI Count VIF	RGINIA
CTOR	WATERVIEW HEALTH			SALISE	BURY	EATH	9c. COUNTY OF E	
DIRECTOR	MD WICOMICO SALIS							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 619 PRICILLA S	STREET AND NUMBER 619 PRICILLA STREET					U.S.A	
BY	11. MARITAL STATUS 1 Never Married 2 Married WWW.Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 1 NO	13, WAS DEC	cify,Cuban, Maxic	NIC ORIGIN? (Specify Yea an, Puarto Rican, atc.) fy:	Blac	E — American Indian, k, Whita, atc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) Collega (1-4 or 5+)		SUAL OCCUPATION of done during most retired.) E WIFE	N st of working		ESTIC	
ON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden		
BE (TAYLOR			LILLIA		JUSTICE	
5	19a, INFORMANT'S NAME (Type/Print)					Route Number, City or Town	n, State, Zip Code)	
	WILLIAM J. MO 20s. METHOD OF DISPOSITION	RRIS		ICILLA		LISBURY, MD		
	SCXBurtal 2 Cremetion 3 Res	movel from State cam	PLACE AND DATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STA	DISPOSITION (Nat or place) METERV	me of	1	CATION — City or To	
	21. SIGNATURE OF FUNERAL SERVICE L	allon h	IBBRIT CE	22. NAME AN HOL				21801
	23. PART I. Enter the diseases, or	complications that caused	tha death. Do not	anter the mod	da of dying, suc	th as cardiac or reapi	ratory arrest,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. On to OR AS A	ach iina.			culor &		Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):					/
PHYSICIAN: MEDICAL	PART II. Other significant condition Classific (165)	2	ut not resulting in	7	Couse given in	Part I. 24a. WAS AN PERFORI	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		
YSI	1 TES 2 NO	1 - Inpatient 2 - ER/Outpo		Nursing Home	5 🗆 Residence	8 - Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 X Nstural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	26b, TIME (M 1 V	IRY AT RK? ES 2 NO	28d. OEŞCRIBE HOW IN	JURY OCCURED	
ETED	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, stre	et, factory, offica		281. LOCATION (Street a City or Town, State)	nd Number or Rural F	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated.							
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	tell m. MD. 1	Medical s	Direct	29c. LICENSE NUI	WBER 8008	29d. OATE SIGNED	(Month, Day, Year) 18-92
	30. NAME AND ADDRESS OF PERSON W THOMAS C, HI	11 IR10	8 Pine	Bluf	FRJ.	Salisbur	y, Md	21801
	31. DATE FILED (Month, Day, Year) 111 2 1 1992	Julia Davidson-Ro	ITURE INDUSTRIAL					



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.
	2 DATE O	E DEATH

REGISTRAR			CERT	IFICATE C	F DEATH		REG. NO.			
1. DECEOENT'S NAME (First, Mic		DI TO A DEM				MONT	OF DEATH		EAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	RUTH	ELIZABET	F1 GE (In yrs, last birthd	MAG I		7	OF SIRTH			7:45 A
212-18-5005	1	□ M 2 🔀 F	83 YR	S. MONTHS DA	YS HOURS MIN.	05-	h, Day, Year) - 17-09	I	PENNS	SYLVANIA
98. FACILITY NAME (If not institute WATERVIEW HEARSIDENCE OF DECEMBER RESIDENCE OF DECEMBER	ALTH C		R	SALIS	NN OR LOCATION OF D	DEATH		9c. COUNTY WICON		Н
10a. STATE 10	WICOMI	СО		CITY, TOWN OR LO						d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER					101. ZIP CODE				OF WHA	T COUNTRY?
221 MONTICE					21801			U.S.A		
11. MARITAL STATUS 1 Never Married 2 Mai 3 Wildowed 4 Divorced	rried	2. WAS DECEDENT EVE FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2 XNO	If yes	DECENDENT OF HISPA i, specify Cuben, Mexic YES 2 1 NO Speci	an, Puarto		or No 14	Black, W Specify:	American Indian, Thite, etc.
15. DECEDE (Specify only hig Elementary/Secondary (0-12)			(Give kind	NT'S USUAL OCCUI of work done during of use retired.)	PATION g most of working	168	. KIND OF SUS	INESS/INDUS		
12			но	USE WIFE			DOME	STIC		
17. FATHER'S NAME (First, Middle	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First,	Middle, Malden	Sumame)		
JAMES GUY	JAMES GUY PARKER				LOTTI	E OLI	VIA CC	PPER 1	NORTH	HAMER
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number						Route Num	ber, City or Town	n, State, Zip Co	ide)	
JAMES WILLIAM	-		616	FOUNTAI	N ROAD S.	ALISE	BURY, M	ID 218	108	
20e. METHOD OF DISPOSITION 1 XX Juriel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other piece) STILL POND CEMETERY Z0c. LOCATION — City or Town, State KENT CO., MARYLAND										
21. SIGNATURE OF FUNERAL	ENVICE LICEN	14006	2		HOLLOWAY SNOW HIL	FUNE		ME BURY,	MD	21801
IMMEDIATE CAUSE (Finel			in each line.	- o not amai m	mods of dying, su-	en ss can	olac or respi	ratory srrest	ι,	Approximats Interval Between
disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	te	DUE TO (OR /	AS A CONSEQUENC	EE OF):	7000		,	ratory strest		Interval Betwe
disesse or condition resulting in death) Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Diseass or injury that initiated events	c	DUE TO (OR /	AS A CONSEQUENCE	DE OF):	7 ard + do- A's	-es	,	AUTOPSY IMED?	24b. Wf AM CCC OF	Interval Between Onset and De
disesse or condition resulting in death) Sequentially list condition: If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent	dconditiona	DUE TO (OR /	AS A CONSEQUENCE	CE OF): CE OF): CE OF):	7 ard + do- A's	Part I.	24a. WAS AN PERFOR	AUTOPSY IMED?	24b. Wf AM CCC OF	Interval Betwee Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De On
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MANNER OF DEATH 1 Heaturel 5 Pentil New Yes 2 No Cast Peter No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20 No. 20	d	DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE T	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE The but not resulti Outpetient 3 DO RRY 28b. 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Part I. Sheck only or 28d. DE 281. LOC City as to the case time, date	24a. Wils AN PERFOR 1 YES 2 To (Specify) SCRISE HOW III CATION (Street in or fown, State)	AUTOPSY IMED? NO NJURY OCCUP and Number or there as stated, id due to the o	24b. Wf AM CO OF 1 1 1 1 1 1 1 1 1 1	Interval Betwee Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De On



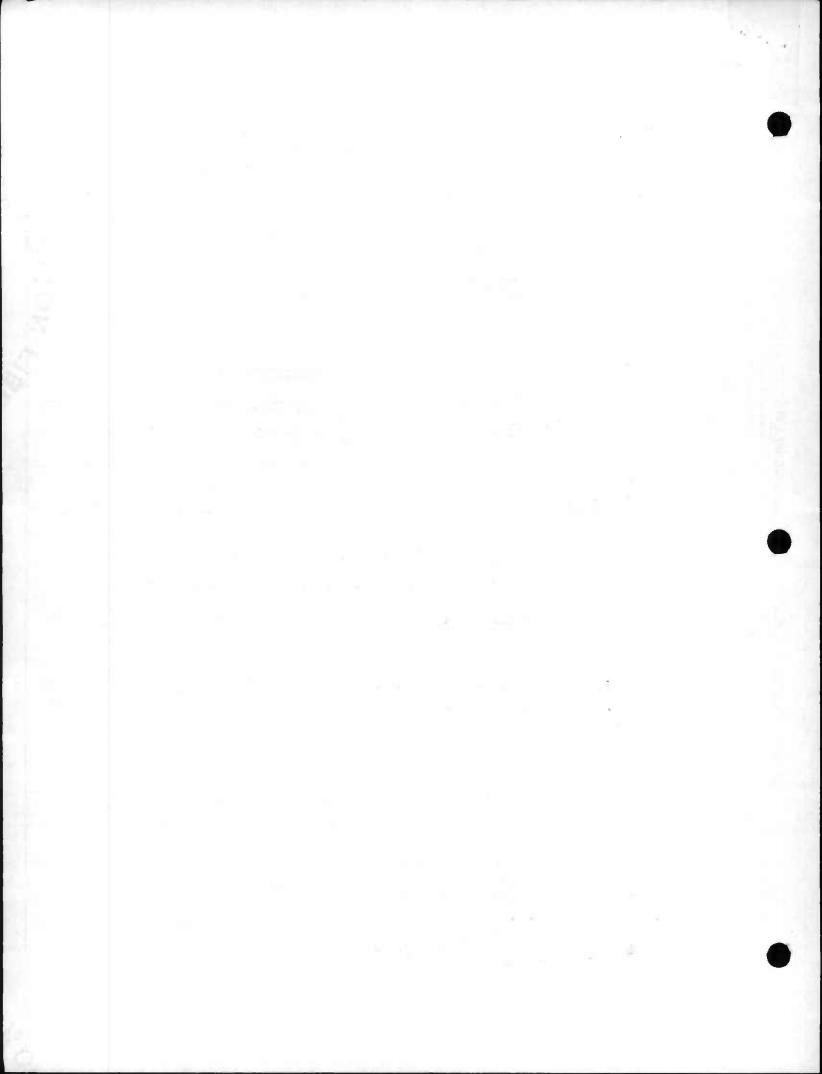
0	after	A DA	NOVA	cal
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certification within 2.7 Hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attended minical and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental More and though Cremation, or remova	IMPORTANT H Hom 28 is marked, or from 23 shows any injury, or other pountation the medical
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DIVISION OF VITAL RECORDS, P.O. BOA 13149,	De de	the	Men	In
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31. DATE FILED (Month, Day, Year)

AUG - 7 '92

							92	22973	
	1 - STATE REGISTRAR	TE OF MARYLAND		MENT OF H		IENTAL HYGIENI			
	DECEDENT'S NAME (First, Middle, Last)					2, DATE OF DEATH		3. TIME OF DEATH	
	ROY W. MEREDITH		MONTH DA						
	4. SOCIAL SECURITY NUMBER 5. SEX	a, AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTNPLACE (State or Foreign	
		M 2 □ F 46	M	ONTHS DAYS	MOTION MIN	(Morth, Day, Year) 8-10-194		Maryland	
		9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DE							
DIRECTOR	Deer's Head Center, Emerson Av Salisbury Wicomico								
្ត្រ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CITY.	TOWN OR LOCAT	ION			10d. INSIDE CITY	
2		nester			Toddvil	10		1 X YES 2 NO	
	10a, STREET AND NUMBER	rester			ZIP CODE	16	10a CITIZEN	OF WHAT COUNTRY?	
FUNERAL	2714 Toddville	Road		100.	216	72		USA	
5	F0	AS DECEDENT EVER IN U.S. PRCES? 1 Tyes 2				IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14. F	RACE — American Indien, Black, White, etc.	
A		YES, GIVE WAR OR DATES	2410		2 NO Specify			SpecMy: White	
8	15. DECEDENT'S EDUCATION (Specify only highest grade complete	16a.	DECEDENT'S U	SUAL OCCUPATIO	N st of working	16b. KIND OF BUS	SINESS/INDUST	77	
COMPLET		ge (1-4 or 5+)	Iffe. Do NOT use	retired.)					
1	10 Years	F	actor	y Work	er	Seafo	od Cor	mpany	
2 0	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surneme)		
E U	Charles G. Mered	dith Jr.				Lottie R	obinso	on	
	19e. INFORMANT'S NAME (Type/Print)		196. MAILING A	ADDRESS (Street a	nd Number or Rural F	loute Number, City or Tow	n, Steta, Zip Codi	0)	
일	Roy W. Meredith J	Jr.	2828	Toddy	ille Rd	Toddy	ille,	Md. 21672	
2	20s. METHOD OF DISPOSITION	20b. PLA	CE OF DISPOSIT		netery, crematory or		CATION — City		
and and and and and and and and and and	1X Burlet 2 Crimetion 3 Removal from State 2 Crimetion 3 Removal from State 2 Crimetion 5 Other (Specify) Zion Churchyard 8-8 Toddville, Md.								
5	21. SIGNATURE OF // HERAL SERVICE/LICENSEE 22. NAME AND ADDRESS OF FACILITY								
event, the medical examiner must be notified at once. TO BE COM	Thomas Funeral Home								
2	700 Locust St. Cambridge, Md. 21613								
dica	23. PART I whiter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate								
E	Interval Between Onset and Death IMMEDIATE CAUSE (Final								
\$	disease or condition	Cancer of	f lunc	v with	motact	acie to	eninal		
m,	Cancer of lung with metastasis to spinal DUE TO (OR AS A CONSEQUENCE OF):								
	Sequentially list conditions, Due to (or As a consequence of):								
NO.	Sequentially list conditions, if any, laading to immediata	DUE TO (OR AS A CON	SEQUENCE OF	and me	irralian	c perica	Luiai		
E X	COURS Enter LINDERLYING								
F F	CAUSE (Disease or Injury that initiated events	effusion of ASACON	ISEQUENCE OF)	:					
1	resulting in death) LAST								
는 방	u								
shows any injury, : MEDICAL CI	PART II. Other algnificant conditions cont					Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDICAL	Status post ra	diation t	herapy	7. Nic	cotine	1 YES :	2 OKNO	COMPLETION OF CAUSE OF DEATH?	
E I	abuse. Malign	ant cache	xia					1 YES 2 NO	
						_ 1			
ed, or Item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (CA	eck only one)			
SICL/		SPITAL:		OTHER:		a C Other County			
5 >		28a. DATE OF INJURY	28b. TIME		JURY AT	6 ☐ Other (Specify) 28d, DESCRIBE NOW	INJURY OCCUR	FD	
36.1	1 X Natural 5 Pending	(Month, Day, Year)	INJU	JRY WO	ORK?	Zou. Describe Nov			
H H	1 A Natural 5 Panding							Sand Bauta Alumbas	
28 IS	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	it nome, rarm, si	treet, mctory, ome	:•	City or Town, State		surar riouse riumoer,	
Eliu									
PLE	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSICIAN: 1	To the best of my knowledge	, death occurre	d at the time, date	end place, end du	to the cause(s) and mi	nner as stated.		
COMPL	one) 2 MEDICAL EXAMINER: On t	the basis of examination and	d/or investigation	n, in my opinion,	death occured at the	tima, date end place, e	nd due to the co	suse(s) end manner as stated.	
E C	295. SIGNATURE AND TITLE OF GERTIFIER	0.0			29c. LICENSE NU		29d. DATE SI	GNED (Month, Day, Year)	
5 m	Mahres	the M	D		D1627	8	▶ B	15/97	
= 2	30, NAME AND ADDRESS OF PERSON WHO COM		(ITEM 27) (Type,	Print)			1	1	
	M. Shrestha, M.	D.							

32. REGISTRAR'S SIGNATURE

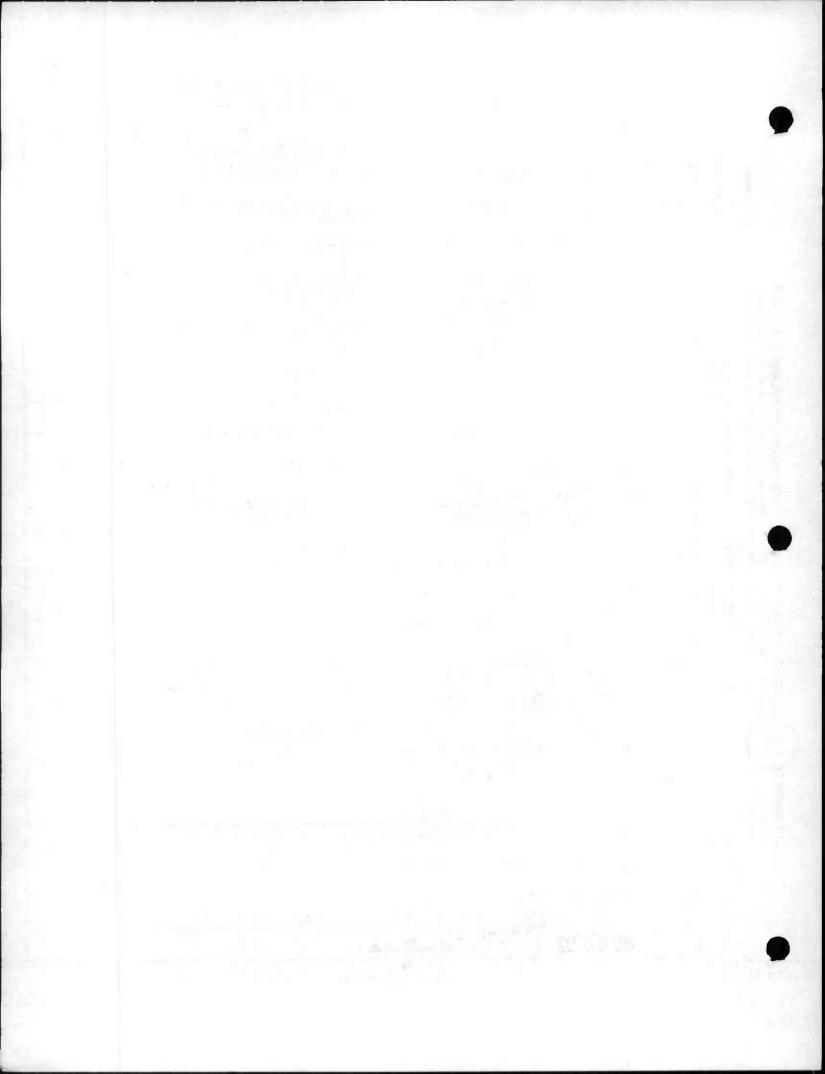


BALTIMORE, MARYLAND 21215-0020	Control of the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	a control of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should make the control of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property o	ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHY CIAIT THE LIM wunites that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: whe this contract of the attending physician and completely filled in by the fune filed within 72 hours after death with 18 See Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF M		DEPAR ERTIF						GIENE G. NO.	_	5	22974
	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY	mic	-						2. DATE OF DE		c	YEAR 3.	TIME OF DEATH
			8. AGE (In yrs. In:	st birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF BIF (Month, Day,	Vanel		Country)	MCE (State or Foreign
Œ	9s. FACILITY NAME (If not institution, give stre	et and number)	1	Y, TOWN C	OR LOCATIO	ON OF DI	NOV. 1		c. COUNT	Maryl	н		
DIRECTOR	Greater Laurel Be RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY					or Locat	TON				Pru	nce G	eorge d. Inside city
L DIR	Maryland Howa	rd Columbia				. ZIP CODI				0- OITIZ	1.5	LIMITS? YES 2 □ NO T COUNTRY?	
FUNERAL	9172 Lambskin Lan						21045	5				U.S.	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced	2 Married FORCES? 1 YES 2 X NO				If yes, sp	ENDENT O	n, Maxice	NIC ORIGIN? (Spe in, Puarto Rican, o y:	cify Yes or etc.)	No 1	14. RACE — Black, W Specify;	American Indian, hita, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) Grade 11		(G life	CEDENT'S live kind of Do NOT u	work done se retired.)	during mo	ON st of workin	g		OF BUSING	SS/INDU		
OME	17. FATHER'S NAME (First, Middle, Last)		HO	usew	che		18. MOTH	IER'S NA	HOM		name)		
BE	William Quaskey		la de	Constitution of	-				a Demst				
9	1981. INFORMANT'S NAME (TyperPrint) 1982. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Margarette Griisser 9172 Lambskin Lane, Columbia, Maryland 21045												
	206. METHOD OF DISPOSITION 1 Dirical 2 M Cremation 3 Removal from State 4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of complex), premetory or other place) Metro Crematory, Inc. 8/2 Catons ville. Maruland												
	21. SIGNATURE OF PLINERAL SERVICE LICE	See Onel	1		D 222	onali	is on	Funi	eral Horve. Law	ne, F	.A.		
	23. PART I. Enter the disease or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	at only one ceus	caused the de te on each line refraction	0,	not ente	for	de of dyi	ng, auc	h aa cardlec o	r reapirate	ory arre	at,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	•	OR AS A CONSE										
PHYSICIAN: MEDICAL C	Concertant Heart Farlund Performed? 1 yes 2 thm of Death?							RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 LAO					
SICIAN		HOSPITAL:	ED/Octobles 0	Пер	OTHE	R:			eck only one)				
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending	1 Shpetient 2 ER/Outpetient 3 DOA 4 Nursing Ho 28s. DATE OF INJUSY (Month, Day War) 28b. TIME OF INJURY W				28c. INJI	tome 5 Residence 6 Other (Specify) INJURY AT 28d. DE\$CRIBE HOW INJURY OCCURED WORK? YES 2 NO						
8	3 Suicide S Could not be determined	Suicide 8 Could not be 28a. PLACE OF INJURY — At horse, farm, street, factory, office building, stc. (Specific)						281. LOCATION (City or Town	(Street and , State)	Number o	r Rural Route	Number,	
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICI. (Check only one) 2 MEDICAL EXAMINER:												d menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND AGGRESS OF PERSON WHO	in					29c. LICE						nth, Day, Year)

SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Yea

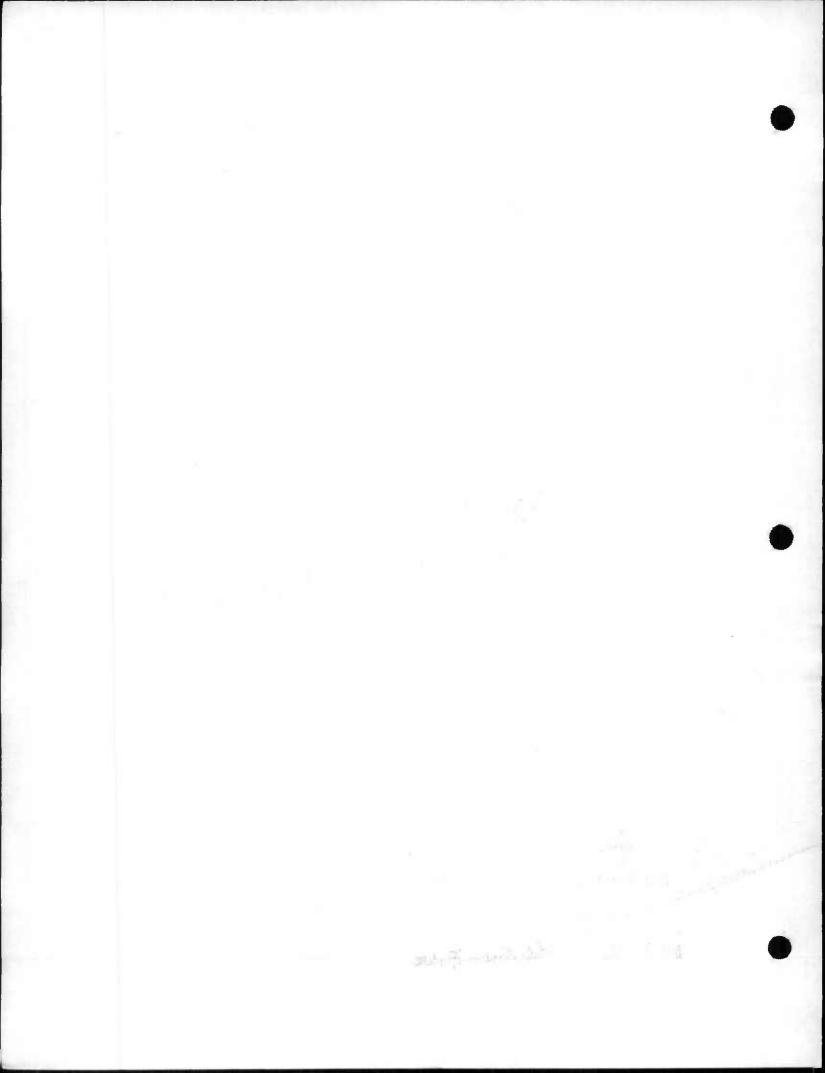
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TO THE HOSPITAL OR ATTENDING PRISIDIAN. The law requirement, the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached by filled within 72 fours after death with the State Decidior Health and Sential Hoseine price to buriel, centuation, or remove.	IMPORTANT: If item 28 is marked, or item 23 how my igury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DE	PARTMENT OF	HEALTH A	ND	MENTAL	HYGIENE
CER	TIFICATE O	F DEAT	H		REG NO

	FOR STATE REGISTRAR	STATE OF MARYLAND		ENT OF HEALTH A		HYGIENE REG. NO.	J (. 22913		
	1. DECEDENT'S NAME (FISH, MISSIN, LASS FRANCE	하다 기를 하다 기사에 있었다.	_ S		2. DATE O	OF DEATH DAY	92	11:10 P M		
JR.	4. SOCIAL SECURITY NUMBER 5. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. S									
DIRECTOR	RESIDENCE OF DECEDENT		16e. CITY, 101	WN OR LOCATION	20	N IA-160T				
	10s. STREET AND NUMBER		101, ZIP CODE	101. ZIP CODE			1 ☐ YES 2 ☐ NO			
BY FUNERAL	P.O. Box 67	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2, IF YES, GIVE WAR OR DATES		13. WAS DECEMBENT OF IT yes, specify Duben, 1 PES 2 NO	Mexican, Puerto R		thi	CE American Indian, ack, White, etc. ocific		
COMPLETED 8	15. DECEDENT'S ED (Specify only highest gra Elementary/Secondary (G-12) 12th	UCATION 16 complete(f) 76e. College (1-4 or 5 +)	DECEDENT'S USUA (GAN AIRC OF MOUNT OF MA. CO MOT USE 1900) Home Mak	one during most of working ad.)	166.	KIND OF BUSIN	EBS/INDUSTRY	Black		
8	17. FATHER'S NAME (First, Allidon, Last)			18. MOTHE	R'B NAME (First, M	ickle, Malden Sur	namej			
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	1 ☐ Burtel 2 ☐ Cremation 3 ☐ Red 4 ☐ Donation 5 ② Other (Specify)	moval from State cemetery,	crematory or other pl	acej	DATE		HOM — City or	ACCOMPANY.		
	21. SIGNATURE OF FUNERAL SERVICES	Selfer!		Cemetery 22 NAME AND ADDRESS Minus Fune:	4241104114141			MD. St Dover De		
CERTIFICATION	23. PART I. Enter the disease of shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Mult	sequence on:	pulme	o, such as cardi	y an	Coli	Approximate interval Between Onset and Death Uncerta		
#	PART II. Other significant condition	ons contributing to death but no	t resulting in the	underlying cause giv	ren in Part I.	24s. WAS AN AU PERFORME		No. WERE AUTOPSY FINDINGS		
i mearc	-	Trone				I □ YES 2 □	398	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	ITH (Check only one					
	27. MARNER OF DEATH	28s. DATE OF INJURY (Month, Day, War)	JISS. TIME OF INJURY	Hursing Home 5 Peace	28d, DESC	(Specify) ORIBE HOW HUIL	MY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	25e PLACE OF INJURY - AL	home, farm, street,		28f. LOCA	TYON (Street and r Rown, State)	Number or Aus	Houte Number		
COMPLETED		SICIAN: To the best of my knowledge, IER: On the basis of examination and/						(a) and menner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIC POPULARY	Trever, A			SE NUMBER			D (Month, Day, Year) -24-92		
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (1		Faster	, Md.					
4	31. QATE FILED (Month, Day, Year) ALIC 3 '92	32. REGISTRAR'S SIGNATURE								
	HOO	And Davidson - Pane	all.					DHMH-16 Rev 1/89		



BALTIMORE, MARYLAND 21215-0020

Let a concuted within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

Let a concute within 12 hours after death. Page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

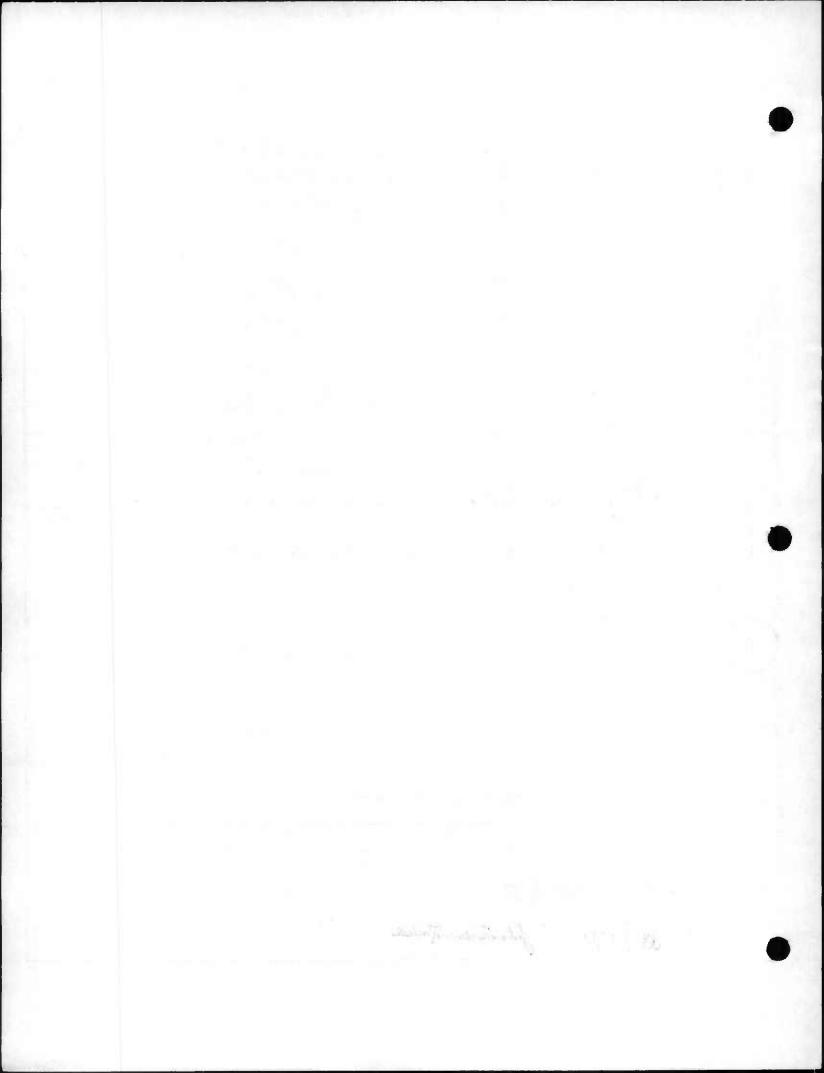
me, at other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS FO. BOX 687

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that
TO THE FUNERAL DIRECTION: After this certificate has been signed to the law thin 72 hours after death with the State Dept. of Health and learning rights which the State Dept. of Health and learning rights in them 28 is marked, or item 23 shows any lines, as other traumatte or

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	712010171111				5111111	IOATE	_ 01	D 1.7			TEG. NO.			
	1. DECEDENT'S NAME (First, VIVIAN CEL)		100RE							2. DATE OF MONTH JULY	DEATH DA		YEAR 92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBI		5. SEX	8. AGE (In yrs. I	and defined of the A							J 19		-
	215-12-5703	en .	1 M 2 X F		YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF (Month, D. FEBUA	RY 1	3,190	2 Country	ARYLAND
	Se. FACILITY NAME (If not ins	stitution, give a	treet end number)			9b. CITY	TOWN (OR LOCATI	ON OF DE				TY OF DE	
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5	RESIDENCE OF DEC		TAL CA	CE HOH	Ľ	301	LLLI	DATTI	نادر			QUEE	IN AIN	MES
8	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN C	OR LOCA	TION					1	10d, INSIDE CITY
DIRECTOR	MARYLAND	QUEE	EN ANNES		CI	ENTREVILLE							IMITS?	
A	10e. STREET AND NUMBER				101. ZIP CODE				10g. CITI	EN OF WI	HAT COUNTRY?			
FUNERAL	317 CHESTERFIELD AVE.					21617				USA		A		
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				13.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RAC			14. RACE	- American Indian.				
	1 Never Married 2 1	Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				If yes, specify Cuban, Mexican, Puerto 1 YES 2 ZENO Specify:			n, Puerto Rica	in, etc.)	Caller 1		- American Indian, White, etc.	
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	FREDERICK C		u							B. KR		Surname)		
BE			. 11											
0	190. INFORMANT'S NAME (Ty	,		1						loute Number,				
-	CHARLES E. 1	MOORE			31/ (HEST	ERF.	LELD	AVE.	CENT	REVII	LLE,	MD.	21617
	20a. METHOD OF DISPOSITION 1XX Buriel 2 Cremation		numl from State	20b. PLACE	E AND DATE	OF DISPOS	SITION (Ne	me of		DATE	20c. LO	CATION - C	City or Tow	rn, State
	4 Donation 5 Dother		DVIII ITOMI SUITE	LOUL	OON PA	IRK C	EME:	TERY	7-1	8-92	BALT	CIMOR	E. M	D.
- 1	21. SIGNATURE OF AINERAL	SERVICE LIC	ENSEE/			22.	NAME A	ID ADDRE	SS OF FAC	CILITY				
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ŀ	IMMEDIATE CAUSE (Fine disease or condition	art fallure. al	List Dnly Dne cet	ise on each iir	16.						or reapi	ratory arm	eat,	Approximate Interval Between Onset and Death
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3	cause. Enter UNDERLYIN CAUSE (Disease or Injur		C											
E	that initiated events resulting in death) LAST		DOE 10	(OR AS A CONS	EUUENCE O	F):								i 1
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PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF		28b. TIN	- v	28c. tNJ		T	28d. DESCRI	-	N HIBY OCC	UBED	
		Pending	(Month, D	ay, Year)		URY	WC	RK?	חחר	200. 02.0011	DE NOW II	15011 000	UNED	
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5 I														
립	(Check only	FYING PHYSI	CIAN: To the best of	my knowledge, o	death occurr	ed at the ti	lme, date	end place	, end due	to the cause(e) end man	ner ee state	ed.	
3 Suicide 6 Could not be determined Dullding, stc. (Specify) 2et. LOCATION (Street end Number or Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route								end manner ea stated.						
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	30 NAME AND ADDRESS OF		~	OF DEATH (IT	EM 27) (Type	01	1	00.		MA	40 3 8 4			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after theth. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the algending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, or Health and Martial Hygiene prior to burial, cremation, or remove.	IMPORTANT: If item 28 is marked, or item 23 shows any Highry, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPARTM CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEN		22977
1. DECEDENT'S NAME (First, Harold Myer					2. DATE OF DEATH DO JULY 16	YEAI	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		MC	FUNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	a. Bit	ATHPLACE (State or Foreign untry)
183-12-42	19 1 XM 2 DF	70 YRS.			March 3	1922	PA
	attution, give etreet end number) In Anne's Co. Hosp			ertown,	EATH	Kent	F DEATH
	10b. COUNTY	10c, CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
MD	Kent	Che	sterto	own			LIMITS?
100. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
7641 Wat	7641 Waterview Lane 21620						USA
11. MARITAL STATUS 1 Never Married 2 No. 3 Divorce	ted IF YES, GIVE WAR OR	ES 2 NO R DATES	If yes, sp		IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.) /:	Bi	ACE — American Indian, ack, White, etc. ec/ly:
	DENT'S EDUCATION highest grade completed)	16a, DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INDUSTRY	White
Elementary/Secondary (0-1		(Give kind of work life. Do NOT use re					
	4	Vice P:	reside		000		quip, Inc.
Daniel Mc					ME (First, Middle, Meiden	Surname)	
190. INFORMANT'S NAME (Typ.		19b. MAILING AD	DRESS (Street o		Myers Route Number, City or Town	s State 7in Codel	
Margar	et S.McCorkel		as al		total remote, day or low	r, 51416, 240 0006)	
20s. METHOD OF DISPOSITION 1	ON 3 Ramoval from State	20b. PLACE AND DATE OF B cemetery, cremetory or other Capitol C	place)		OATE 20c. LO	cation — city or	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH
21. SIGNATURE OUTUNERAL	SERVICE LICENSIN	Suprior O.	Fello	WS-Wel	ls Funera	al Home	2
23 DADT I Entrophe die	easea, or complications that cause	and the death Break	413 F	ligh St	.,Chester	ctown, l	MD 21620
IMMEDIATE CAUSE (Fina disease or condition resulting in death)	art fellure. List only one cause on	eech iine.	0	lung	- gianl	. 1	Approximata Interval Between Onset and Death 3 Month
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST	Idate IG DUE TO (OR AS	S A CONSEQUENCE OF):		0			
PART II. Other algnificen	t conditions contributing to deeth	but not reaulting in t	he underlying	j cause given in	Part I. 24e. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL HOSPIFAC:	0.	26. PL	ACE OF OEATH (Che	ck only one)		
1 TYES 2 THO	1 Dimpatient 2 - ER/O	utpatient 3 DOA 4	☐ Nursing Home	5 Residence	6 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pr 2 Accident In	rvestigation	r) INJURY	M 1 V	RK? ES 2 NO	28d. DESCRIBE HOW II	HURY OCCURED	
	ould not be stermined 28s. PLACE OF INJU building, stc. (Sp	IRY — At home, farm, stree pecify)	rt, factory, office		261. LOCATION (Street e City or Town, Stete)	nd Number or Run	Il Route Number,
	FYING PHYSICIAN: To the best of my knot AL EXAMINER: On the basis of examinat						e(a) and manner as stated.
29h BIGNATURE AND TITLE O	CERTIFIER			29c. LICENSE NUM	BER O O	29d. DATE SIGN	ED (Moeth, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, Prir	A .	1	UD	1//	1192
31. DATE FILED (MONTY DON 20	> en amin	S	hosy	ertu w	IN, M	0 2	21620
VOL 2) 3	2 Generalia	son-Handell					

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BALTIMORE, MARYLAND 21215-0020	I hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been provided in the provided of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law inclines that the west of the be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has be the property fill	be filed within 72 hours after death with the State Deptr. The state and second hydrone prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 showers in item, or other traumatic event, the medical examiner must be notified at once.

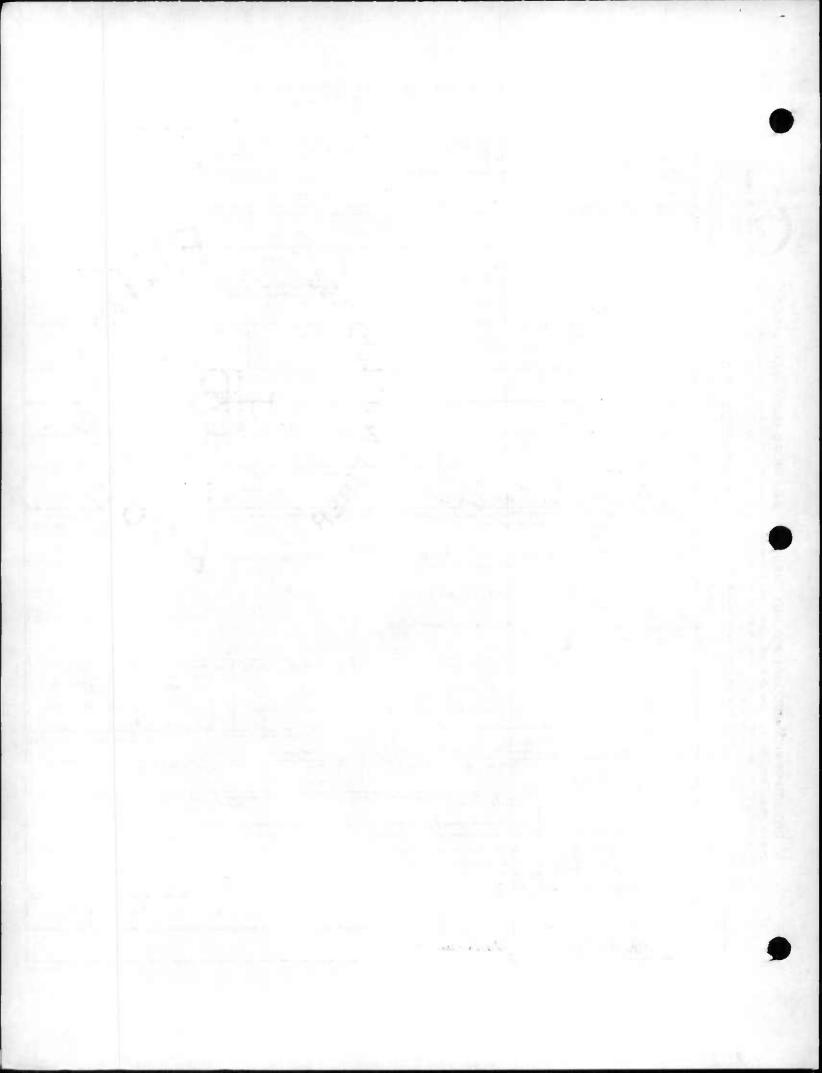
	1 - STATE STATE OF MARYLAN	ND / DEPARTMENT (CERTIFICATE	OF HEALTH AND	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lost) ALRRED MECA	1		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 9. FUNDER 1 YEAR F UNDER 24 HRS. 1 M 2 F 83 YRS. 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 1 MONTHS DAV'S HOURS MIN. 1 2 - 11 - 09 Maryland 9. FACILITY NAME (If not institution, give street end number) 9. FACILITY NAME (If not institution, give street end number)							
TOR	Baltimore County General	n l	Baltimore					
DIRECTOR	Maryland Carroll	10c. CITY, TOWN OR I	LOCATION Ykesville	10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	7309 Second Avenue		101. ZIP CODE 2178	U.S.A.				
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO If y	3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: While					
ETED.	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	6a. DECEDENT'S USUAL OCCU (Give kind of work done duri life. Do NOT use retired.)		16b, KIND OF BUSINE				
COMPLET	8 17. FATHER'S NAME (First, Middle, Last)	Unkn		Unkr	nown			
BE C	Unknown			Unknown				
9	19e. INFORMANT'S NAME (Type/Print)			Route Number, City or Town, St				
	Mr. William Marquat				ster, MD 21157			
	1 Donation 6 Other (Specify)	LACEAND DATE OF DISPOSITION OF OF CHARACTER CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CO			SVILLE, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Buan L. Haiglis	∠ H		ral Home (P.	O. Box 195) 410)-795-1400			
	23. PART i. Enter the diseases, or complications that caused to shock, or heart failure. List only one cause on each immediate CAUSE (Final disease or condition resulting in death) Due To (OR AS A C	RATORY			Approximete interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST							
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but	not resulting in the under	rlying cause given in	Pert I. 24s. WAS AN AUT PERFORMED 1 YES 2	D? AMAILABLE PRIOR TO			
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	heck only one)				
YSIG	1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetk	ent 3 DOA 4 Nursing	Home 5 - Residence	8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Yeer) 2 Accident	INJURY	c. INJURY AT WORK?	28d, DEȘCRIBE HOW INJUI	RY OCCURED			
	1.0000011	At home, farm, street, lactory,	office	281. LOCATION (Street end It City or Town, Stete)	Number or Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the best of exemination e							
BE	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	7333 29h	d. DATE SIGNED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH C-RAVI, BCGH, B		MD. 21	1133				
	31. DATE FILED (Mortif), Pay, Year) 92 32. REGISTRAN'S SIGNATU	Man Andell						

and the state of the

1. DECEMENT'S NAME (First, Middle Les	Robert	S. Mey	ers		2. DATE	OF DEATH		Z.	9:31 A
4. SOCIAL SECUJITY NUMBER 216 36 2736		AGE (In yrs. lest birthle 2 YRS.	MONTHS DAYS	IF UNDER 24 HRS	(Mont	of BIRTH h, Day, Year) 1/40		BIRTHP Country)	Md.
99. FACILITY NAME (If not institution, give Baltimore Coun		Hospital	96. CITY, TOWN Randal	or location of Lstown	DEATH		9c. COUNT		more
100. STATE 10b. COUN	Carro		Sykesvil						10d. INSIDE CITY LIMITS? 1 YES 2 NO
1320 Placid Dr	ive		10	of. ZIP CODE 21784			10g. CITIZE	N OF WI	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 XMerried 3 Nidowed 4 Divorced	12. WAS DECEDENT E FORCES? MX IF YES, GIVE WAR Air Nati	YES 2 NO	If yes, s	CENDENT OF HIS pecify Cuben, Mes S 2 NO Spe	Ican, Puerlo		s or No 14	Specify Whi	American Indian, White, atc.
15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	16a. DECEDENT (Give kind of the Do NOT	T'S USUAL OCCUPAT of work done during m T use retired.)	lost of working	166	. KIND OF BU	SINESS/INDUS	STRY	
High School 17. FATHER'S NAME (First, Middle, Last)	6	Energ	gy Coordi	7				s &	Electric
Robert S. Meyers	5			18. MOTHER'S	_	. Hard	-		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Street					ode)	
Martha Carol Meye	ers	1320	O Placid	Drive S	ykesv:	ille,	Md. 21	784	
20a. METHOD OF DISPOSITION 1 1 Burlel 2 Cremetton 3 Re 4 Donation 5 Other (Specify)		20b. PLACE AND DAT cemetery, cremetory of Druid R	reof disposition (A or other place) Lage Ceme	etery	8/	E 20c. LO	cation — cit kesvil		
21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE		22. NAME /	ND ADDRESS OF	FACILITY				
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM	ENT OF HEALTH AND	MENTAL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATN		
3	EDWARD N	EUZENE	NULL, SI	2.	OSug.00	27_1999	5 4. ASAM W		
4	4. SOCIAL SECURITY NUMBER 214-34-4164	10 M MALE				8.1	BIRTINPLACE (State or Foreign Country) /IRGINIA		
CTOR	9a. FACILITY NAME (If not institution, give a 2080 OTTERDALE RESIDENCE OF DECEDENT		TANEYTOWN	DEATN	9c. COUNTY CARI				
DIRECTOR		ARROLL		WN OR LOCATION CYTOWN			10d. INSIDE CITY LIMITS 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2080 OTTERDALE	MILL RD.		21787			U.S.A.		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed And Dispresed d	12. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE YES 1	2 NO	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 YES 2 NO Specify: NO			14. RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 1. Completed) College (1-4 or 5+)	Ille. Do NOT use reti	tone during most of working red.)	16b. KIND OF BU	JSINESS/INDUST	RY		
MP	12		FINISHER			RNITURE	2		
	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S	NAME (First, Middle, Melder	Sumame)			
BE	WILLIAM J. NULL 19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING ADD	RESS (Street and Number or Run	MIE HUTTON		(5)		
10	GERTRUDE B. NULI			TERDALE MILL	Contract to the second	,,, oine, Ep coc	MD 21787		
	20a. METNOD OF DISPOSITION BT	IRIAI 20b. PI	LACE AND DATE OF DI	POSITION (Name of		OCATION — City			
	4 Donation 8 Other (Specify)		CHURCH OF	GOD CEMETERY		UNIONIC			
	*(athanine	Mar Eler			WINDSOR, M	D	CLER & SONS		
NC	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS A C	ONSEQUENCE OF):		uch as cardiac or reap	iratory srrest,	Approximata Interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to deeth but	not resulting in th	e underlying ceuse given		RMED?	24b. WERE AUTOPSY FINDINGS AMPLIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Check only one)				
YSI	1 TYES 2 AO	HOSPITAL: 1 Inpetient 2 ER/Outpetient		HER: Nursing Home 5 Residence	8 Other (Specify)				
	27. MANNER OF DEATN 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	286. TIME OF INJURY	28c. INJURY AT WORK?	29d. DEŞCRIBE HOW	INJURY OCCURE	D		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	2 Accident investigation 3 Suicide 8 Could not be 28a PLACE OF INJURY — At home, farm, street, factory, office building. str. (Specify)					ural Route Number,		
COMPLETED		CIAN: To the best of my knowled R: On the bests of examination a					use(a) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Allela		29c. LICENSE N	UMBER 5385	29d. DATE SIG	ONED (Month, Day, Year)		
	Norman Colds	tein 2186	CLON 1 N GT	D20 DN Hots Med	Couter	lesstn	nintor, MO		
	AUG 0 6 '92	32. REGISTRAR'S SIGNATI	IRE Mandale						



8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY YES 2 NO

WHITE

Approximate Interval Between Onaet and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 [] YES 2 [] NO

et and Number or Rural Route Number,

and due to the ceuse(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

720.92

14. RACE — American Indian, Black, White, etc.

1940 CHESTERTOWN

Kent

10g. CITIZEN OF WHAT COUNTRY? USA

iges 1, 2, 3 should

RECTOR

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

215-38-1325

RESIDENCE OF DECEDENT

William T. Nicholson Sr.

10b. COUNTY

Se. FACILITY NAME (If not institution, give street and number)

5. SEX

Kent and Queen Anne's Hosp., Inc.

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10e. STATE

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AL OR ATTENDING PHYSICIAN: The law mouther that the contract the executed within 24 hours after death. Page 6 may b	 ORECTOR: After this certificate has been agoed by the internating process and completely filled in by the funeral director, page? hours after death with the State Dept. of Health and Milital agoes after death with the State Dept. or Health and Milital agoes and about a burial, or enables.
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ج: م	ā	MARYLAND CECIL		RLEVILLE										
Derm	AL	10e. STREET AND NUMBER			1	10g. CITI	10g. CITIZEN OF WHA							
n. ansit	15	BOX 134				21919			USA					
fing physician. the burial-transit permit.	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1	res 2 X NO	13. WAS DE If yes, a 1 [] YE	Yes or No-	14. RACE — Black, W Specify:							
al or attending for use as the	COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +)	16a. DECEDENT'S U: (Give kind of wo	rk done durina n	TION nost of working	16b. KIND OF	BUSINESS/INC	USTRY					
	APL	12 vrs.		TRU	CK DR	IVER	COI	NSTRUC	CTION					
by the hospit be detached at once.	00	17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname)												
	BE	BENJAMIN NICHOLSON MARY HICKMAN												
be retained ge 5 should e notified	10	199. INFORMANT'S NAME (Type/Print) LINDA J. NICHOLSON (wife) 190. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BOX 134 EARLEVILLE, MD. 21919												
tuneral director, page xaminer must be		20a, METHOD OF DISPOSITION 1 X Burlei 2 Cremetton 3 Removal from State 20b, PLACE AND DATE OF DISPOSITION (Name of cemetery, companion or other place) STILL PUND CEMETERY 7-22 S												
Pagiral dir		21. SIGNATURE OF FUNERAL SERVICE LI				AND ADDRESS OF FAC								
hours after death. In by the funering or removal. medical exami		FELLOWS FUNERAL HOME BOX270 MILLINGTON, MD.21651 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,												
the difference because within 24 hours after death. Page 6 may the difference and completely filled in by the funeral director, page 10 may burial, cremation, or removal.	L CERTIFICATION	Sequentially liet conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Due to (or as a consequence of): Sequentially liet conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											
moutes that een signed by of Health an shows any	AN: MEDICAL			Total Not resolvening in	une dituerryii	ig cause givan in	PER	AN AUTOPSY FORMED? S 2 NO	24b. WE AM CO OF					
N: The icate has State D	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF DEATN (Che	ck only one)							
SICIAN: The certificate the State , or Item	HYS	1 YES 2 NO	1 Inpatient 2 ER/O	Outpatient 3 DOA 4	☐ Nursing Ho	me 5 - Residence								
After this of death with marked,	BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye		W W	JURY AT ORK? YES 2 NO	26d, DESCRIBE NO	W INJURY OCC	:URED					
TOR: A after of 28 Is	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (3	URY — At home, term, stre Specify)	et, factory, offi	св	281. LOCATION (Str. City or Town, St	eet and Number late)	or Rural Route					
Z ZZ =	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYINO PNYS 2 MEDICAL EXAMINE	ICIAN: To the best of my ki	nowledge, death occurred ation and/or investigation,	at the time, dat in my opinion,	e and place, and due death occured at the	to the cause(s) and time, date and place	manner se state, and due to th	e ceuse(a) an					
THE HOSPI THE FUNER filed within PORTANT:	ш	29b. SIGNATURE AND TITLE OF CERTIFIE			29c, LICENSE NUMBER			29d. DATE	E SIGNED (Mo					
E 6 9 8	B	Julia Sy V	um			12-138-50	1	•	120.9					

RSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE Julia Savidson-Randale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

MONTHS

10c. CITY, TOWN OR LOCATION

YRS.

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

Chestertown

6. AGE (In yrs. last birthday)

51

July 19

7. DATE OF BIRTH (Month, Day, Year) SEPT. 25

19, 1992 YEAR

LOCATION - City or Town, State STILL POND, MD.

9c. COUNTY OF DEATH

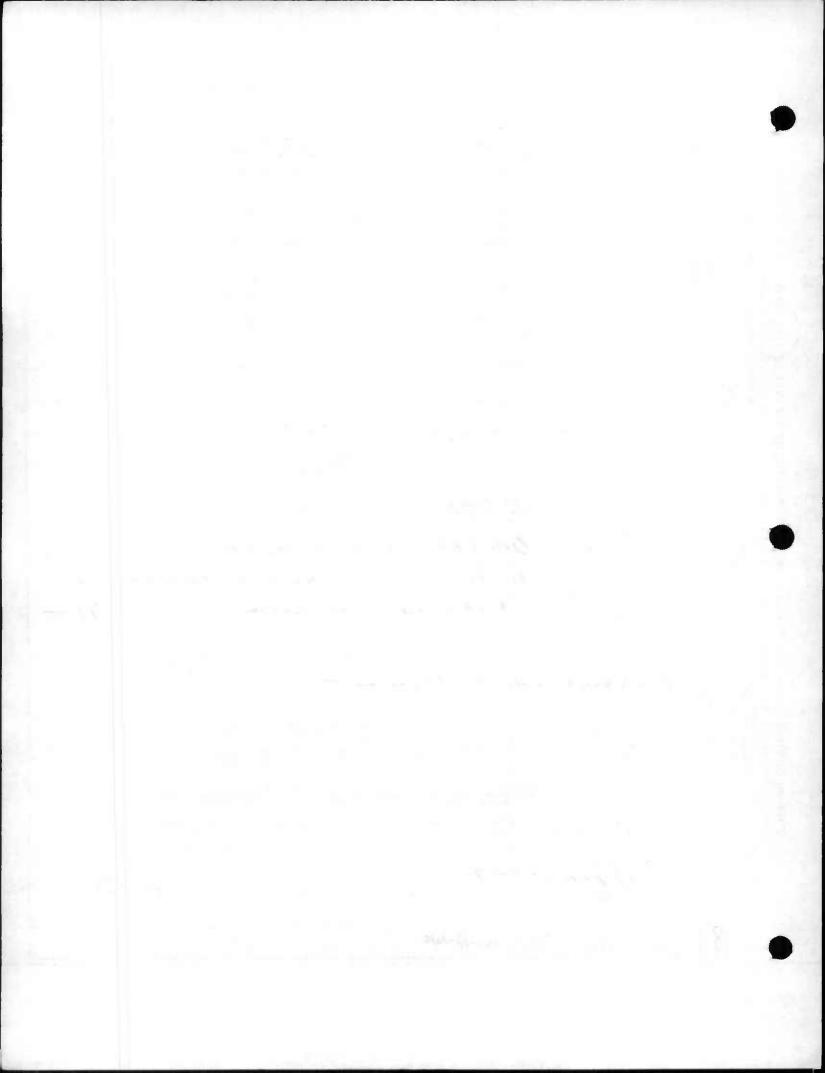
3. TIME OF DEATN

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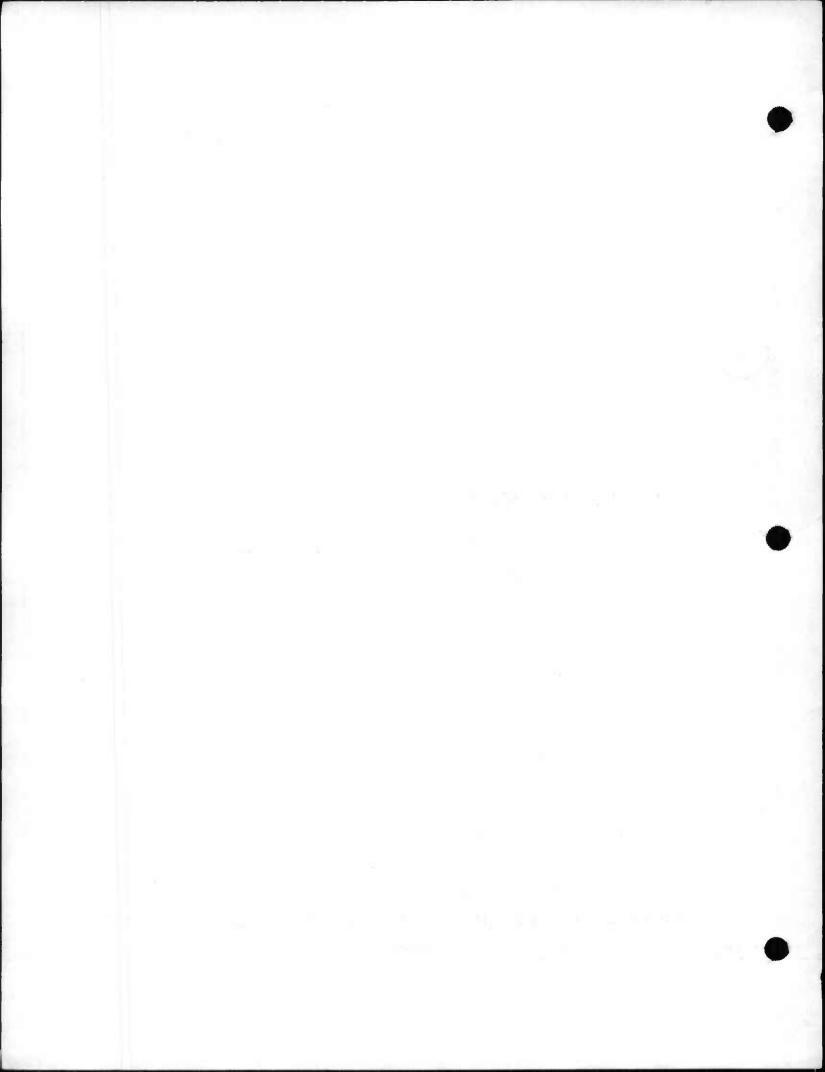
FOR 1 - STATE

	REGISTRAN				CULL	ICALE	JE DEF	AI II	P	REG. NO.				
	1. DECEDENT'S NAME (First, M	iddie Lasi) .ldred	G.		701 / 1 7	•			2. DATE OF	DEATH DA	NY .	YEAR	3. TIME OF D	
					Phil:				07		30	92	11:25	P M
	4. SOCIAL SECURITY NUMBER 220-03-5819	1	5. SEX 1 M 2 K F	6. AGE (In yrs. In 75	at birthday) YRS.	MONTHS DA	AR IF UND YB HOURS	ER 24 HRS.	7. DATE OF E (Month, Da Aug 2	SIRTH 5 19	916	8. BIRTH Country Virg	PLACE (State or	Foreign
	9e. FACILITY NAME (If not instit	tution, give st	reet and number)		-	9b. CITY. TO	WN OR LOCA	TION OF DE				INTY OF D		_
۳ ا	Berlin Nursi	ng Ho	me			Berli						cest		
181	RESIDENCE OF DECE	0				DOZIL		_			III II		CI	
DIRECTOR		Ob. COUNTY			10c. CIT	Y, TOWN OR L	CATION						10d, INSIDE C	
	Florida	Pinel	las		S	t. Pet	ersbu	rg					1 YES 2	□ NO
AL	10e. STREET AND NUMBER						10f. ZIP CO	DE			10g. CIT	IZEN OF Y	VHAT COUNTRY	
띮	538 Dawson A	venue	N.E.				337	03			US	A		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. AF	RMED	13. WAS	DECENDENT	OF HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE	— American Ir	ndlen,
ВУ	1 Never Married 2 Ma 3 Widowed 4 Divorce		IF YES, GIVE W	YES 2 X	NO	1 🗆	YES 2 2 N	Den, Mexicar D Specify	n, Puerto Ricar	ı, etc.)			white, stc. ""White	
COMPLETED	15. DECED (Specify only hi	ENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL OCCU	PATION		16b, KIN	D OF BUS	SINESS/INI			
<u> </u>	Elementary/Secondary (0-12		College (1-4 or 5+) life	. Do NOT us	work done during retired.)	g most or won	lang						
P P	9			Ho	omema	ker			Ow	m Ho	me			
8	17. FATHER'S NAME (First, Midd	lle, Lest)					16, MO	THER'S NAM	ME (First, Middl	e, Maiden	Sumame)			
BE (David Henders							Minni	e Andr	ews				
10 E	19e. INFORMANT'S NAME (Type					ADORESS (St								
-	Larry P. Phi	llips		53	38 Da	wson A	ve. N	.E. S	t. Pet	ersb	urg,	F1o	rida :	33703
	20e. METHOD OF DISPOSITION 1	3 🗌 Remo	val from State	20b. PLACE Cometery, cre Evergi	AND DATE O	of Disposition ther place) Cemete	N(Neme of	8-	DATE 4-92	20c.LOG Berl	cation — in.	City or To	wn, State 21811	
	21. SIGNATURE OF FUNERAL S	SERVICE LICI	ENSEE			22. NAM	E ANO ADDR	ESS OF FAC	HITV					
	> Keith	R.	Koune	u,		Se	lbyvi	lle.	eral H DE 19	975				
	23. PART I. Enter the dise	ases, Dr c	omplications that	coused the de	ath. Do r	ot enter the	mode of d	ying, auch	as cerdiec	or reaple	ratory an	reat,	Approxi	
	IMMEDIATE CAUSE (Final													Between nd Death
	disease or condition resulting in death)		Opl	6211	64.	Rein	non	0/	lun.	4.			1714	
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Ę	Sequentially list condition if any, leading to immedia	ite	DUE TO	OR AS A CONSE	OUENCE OF	7:								
2	cause. Enter UNDERLYING CAUSE (Disease or injury	` \ •	-	1+171	103	1-0 1	ti s	367	الما				n	
	that initiated eventa resulting in death) LAST		DUE TO (OR AS A CONSE	OUENCE OF	7):								
CERTIFICATION		d	•										-	
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Σ ;									_				1 YES 2	NO
Ž.	25. WAS CASE REFERRED TO M	MEDICAL				2	. PLACE OF	DEATH (Chec	ck only one)					
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER:	Home 5 🗆 F	Residence S	Other (Spi	nc/h/)				
PHYSICIAN:	27. MANNER OF DEATH		26e. DATE OF I		26b. TIM	E OF 28c	INJURY AT		28d. DESCRIE		JURY OC	CURED		
ВУ	1 Natural 5 Per 2 Accident Inve	nding estigation	(Month, De	y. rear;	INJ	M 1	WORK? YES 2	□ NO						
	a C activity	uid not be	28e. PLACE OF	INJURY — At ho	me, ferm, s	treet, factory,	office		26f. LOCATION	N (Street e	nd Number	or Rural R	oute Number,	
		ermined	bolland, a	nu. (Specify)					City or Tox	wn, State)				
٦	290. CERTIFIER 1 CERTIFY	ING PHYSIC	IAN: To the best of r	ny knowledne, de	ath occum	d at the time	into and plac	a and due t	to the sever(s)					
COMPLETED			On the beele of exc										and manner as	etated
	296. SIGNATURE AND TITLE OF						_							
BE	1777	en,	1	7				CENSE NUMI	DER		29d. DAT	SIGNED 3	(Month, Day, Yea	r)
2	30. NAME AND ADDRESS OF PE	ERSON WHO	COMPLETEO CAUSI	E OF DEATH ATE	M 27) (7/no	Print)	D(02026			-/	//	1 -	
							{ _ 1/*		1 1					
0	F. Arthes, 31. DATE FILEO (Month, Day, Year AUG 0 3 199)	ייייייייייייייייייייייייייייייייייייייי	32. REGISTRAR	'S SIGNATURE	THES	, berl	in, MI	7 218.	11					
0	AUG 0 3 1992	2 9	wia Davidso	n-Handel										



AND 21215-0020	in despital or thending physician,	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be described to the state begin to the Amail Hygiene prior to burial, cremation, or removal.	
80, BALTIMORE, MARYLAND 21215-0020	within 24 hours after death. Page 6 may be retained by	ppletely filled in by the funeral director, page 5 should be cremation, or removal.	vent, the medical examiner must be notified at
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the magnin or the sing physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one.

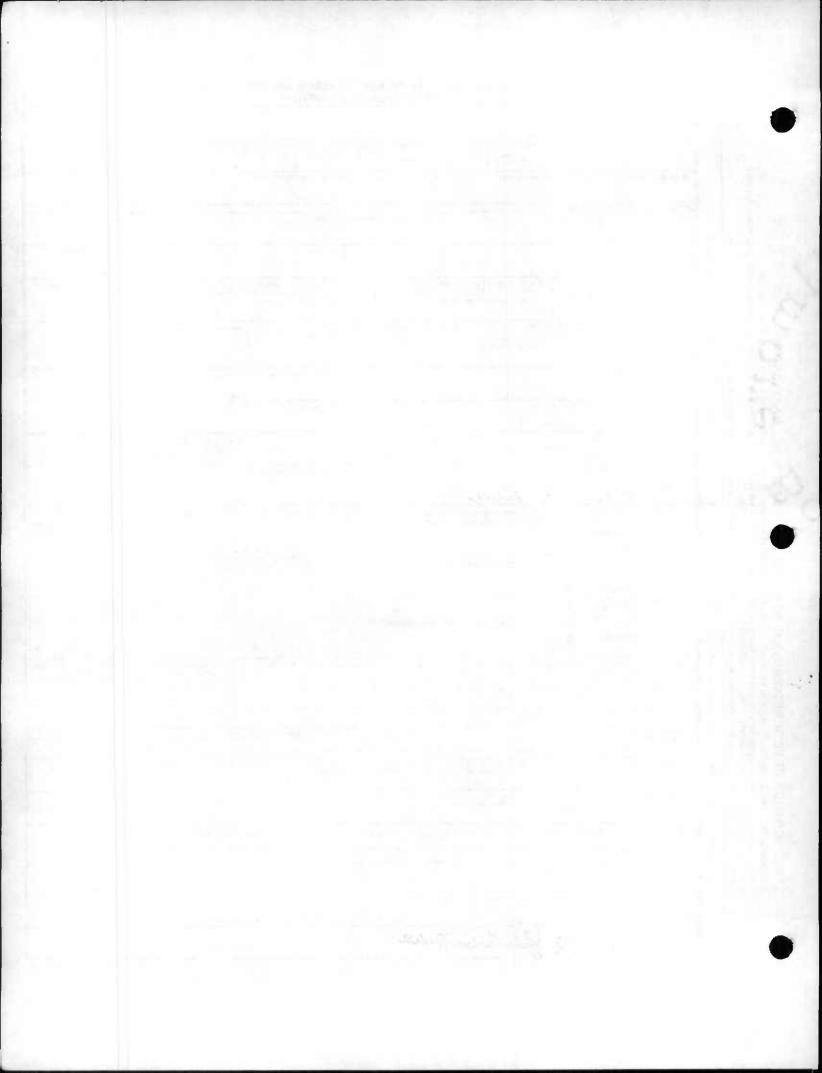
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIE						
ä	1. DECEDENT'S NAME (First, Middle, Lest) Eugene	Franklin	Pome			2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH				
1	4. SOCIAL SECURITY NUMBER	1	(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIETH	8. BIF	1335 THPLACE (State or Foreign				
1	233-50-0583	1 № M 2 🗆 F 5	8 YRS.	DAYS DAYS	HOURS MIN.	04/08/34	W	est Virgini				
R	9a. FACILITY NAME (If not inetitution, give PENINSULA REGION			SALIS		DEATH	WICOMI					
CTC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE											
DIRECTOR	Md. Wicomico Salisbury											
	10e. STREET AND NUMBER 10g. CITIZEN OF WITH											
FUNERAL	1905 Cevil Ave.	Teo me estado de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la com			21801		U.S.A					
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COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mos		16b. KIND OF B	USINESS/INDUSTRY					
MP.	12 17. FATHER'S NAME (First, Middle, Last)		Forema	n T			e Highwa	y Admin.				
E C	Charles William	Pomerov				AME (First, Middle, Maide s Harrah						
TO B	19e. INFORMANT'S NAME (Type/Print)	2011020)	196. MAILING AI	DRESS (Street en		I Route Number, City or To						
	Muriel J. Pomeroy 1905 Cevil Ave. Salisbury, Maryland 2180											
	20s. METHOD OF DISPOSITION 1 (XBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Springhill Memory Gardens 8/3 Hebron, Maryland											
	21. SIGNATURE OF PUMPRAL SERVICE L	iceyds 11	pringhiii	22. NAME AN	ADDRESS OF	ACILITY	DION , M	aryranu				
	whom K	tel bruze	1	4		eral Home 1 Rd. Sali	ebury M	a 21801				
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	Gastron Caconseduence of): A CONSEDUENCE OF): A CONSEDUENCE OF):	teofina ta.	l Ble	edmag.		Onset and De				
CERT	resulting in death) LAST	ST d										
: MEDICAL	PART II. Other significent condition	ns contributing to deeth b	out not reaulting in	the underlying	csuse given i	Part I. 24a. WAS A PERFO	ORMED?	4b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO				
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 10. PLACE DF DEATH (Check only one)											
IYSICI	1 TYES 2 ND	HOSPITAL:	patient 3 DOA 4			8 Other (Specify)						
ву РНУ	27. MANNER OF DEATH Natural 5 Pending Accident Investigation	28e. PLACE OF INJURY 28e. PLACE OF INJURY	28b. TIME (INJUR	WOF M 1 V	IK?	28d. DESCRIBE HOW						
ETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spec	clfy)	or, lectory, unice		28f. LOCATION (Stree City or Town, Stat		rroute Number,				
COMPLE		BICIAN: To the best of my know ER: On the beste of examination						e(e) end menner ee stated				
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	<u></u>			D 29		29d. DATE SIGNI	ED (Month, Day, Year)				
-	30. NAME AND ADDRESS OF PERSON WITH CHRISTION HULL 31. DATE FILED (MONTH, Day, Year) AUG 0 3 1992	DDLESTON			IVE. SU	ITED, SE	ILISBURY	Mp. 21801				



BALTIMORE, MARYLAND 21215-0020
ther death. Page 6 may be retained by the hospital or attending physician.
The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

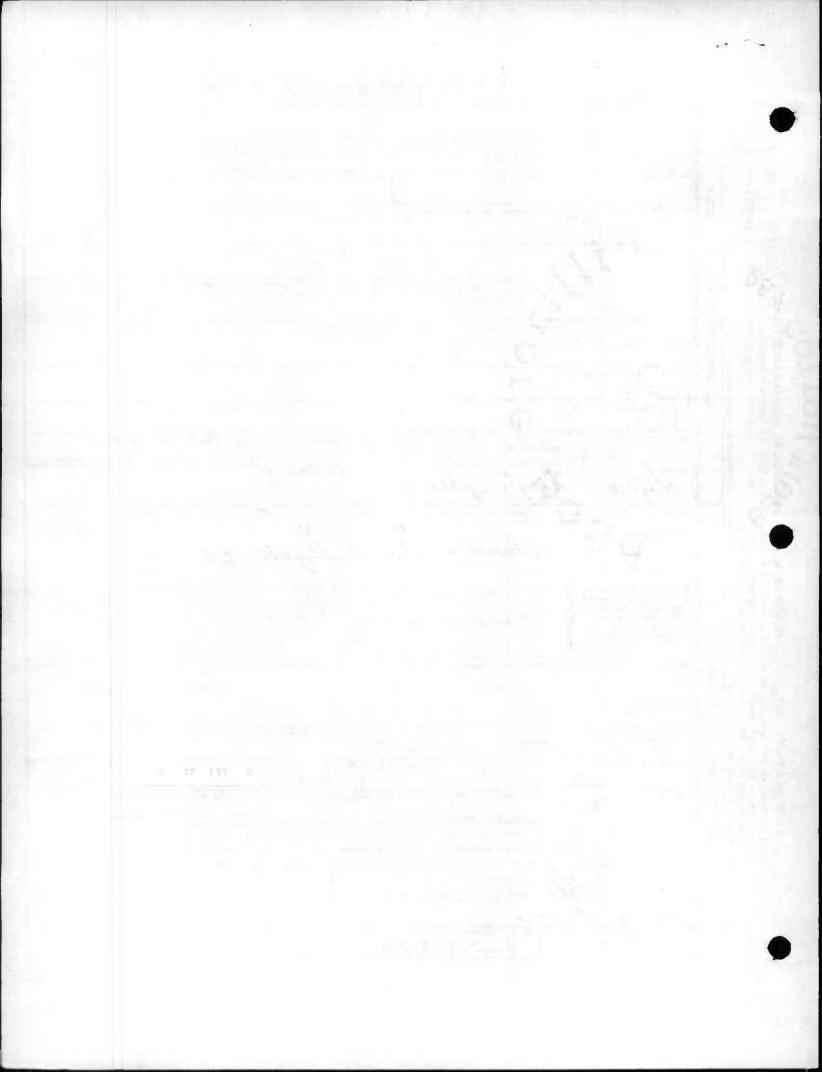
REGISTRAR				OF DEATH	_	REG. NO	J.			
DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	DAY	YEAR	3. TIME OF	DEATH
STEVEN SOCIAL SECURITY NUMBER	LINDSEY		PATTERS		07	14		92	3:22	P
	5. SEX 6.	AGE (In yrs. last birthdi 37 YRS	MONTHS D	EAR IF UNDER 24 HRS. AYB HOURS MIN.	(Mont	OF BIRTN h, Day, Year)	1050	Count	NPLACE (State try)	or Foreign
218-72-3917 a. FACILITY NAME (If not institution, give str	11	32 YRS			Dec.	11,			yland	
SOUTH I-83/NEW WA			Co	OCKEYSVIL			BALT			
Maryland Fre	derick	10c.	CITY, TOWN OR L	ederick					10d. INSIDE LIMITS 1 X YES	7 2 🗌 NO
8 West Fifth	Chanah			10f. ZIP CODE					WHAT COUNT	RY?
O WEST LITTI	12. WAS DECEDENT EN	PED IN II S ADMED	42 400	21701	-	10.00		U.S.		
Never Married 2 X Married Wildowed 4 Divorced	FORCES? 1 X	YES 2 NO	If ye	B DECENDENT OF HISP DE, specify Cuben, Mexi YES 2 NO Specify	can, Puerto	Y? (Specify W Rican, etc.)	es or No—	14. RAC Blac Spec	E — Americar k, Whits, etc.	
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDEN	T'S USUAL OCCU	IPATION	168	. KIND OF BI	JSINE\$S/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 8+)	Iffe. Do NO	or work done dunn T use retired.)	ny most or working						
12		Conc	rete Mas	son		Const	ructi	on		
r. FATHER'S NAME (First, Middle, Last)	73 1			16. MOTNER'S						
	Robert L.					7 L. F				
De. INFORMANT'S NAME (Type/Print)		19b. MAIL	JNO ADDRESS (St	treet and Number or Rura	Il Route Num	ber, City or To	wn, State, Zip	Code)		
Mrs. Rebecca B. Pa	atterson	8 We	est Fift	th Street.	Free	lerick	. Md.	217	701	
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1. DECEDENT'S NAME (First, Middle, Lest) Samuel	Dax	nell			D			2. DATE OF DEATH DA		YEAR	TIME OF OEATH		
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. I	land & feet of a st	IF UNDER 1	Pos	EV IF UNDER 24 HI	-	08 01			:10		
220-66-7664	1 🕅 M 2 🗆 F	37	YRS.		_	HOURS MI	N.	7. DATE OF BIRTH (Month, Day, Year) AUGUST 27		Country)	CE (State or Foreign YLAND		
9s. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, 1	TOWN OR	LOCATION O	F DEA	тн	9c. COUN	TY OF DEAT	1			
RESIDENCE OF DECEDENT													
10a. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN OR	LOCATIO	N				100	I. INSIDE CITY LIMITS?		
MARYLAND CHAR	LES		NAN	JEMOY	Y					1[YES 2 X NO		
10e. STREET AND NUMBER					10f. 2	IP CODE			10g. CITIZ	EN OF WHAT	COUNTRY?		
ROUTE #425 BOX 6	0					20662			UNIT	ED STA	ATES		
11. MARITAL STATUS 1 Never Married 2XX Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S.	NO	13, W	AS DECEN	IDENT OF NE	SPANK exican.	ORIGIN? (Specify Yes			American Indian, ofte, etc.		
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 (☐ YES 2	XNO S	pecify:	Puerto Rican, etc.)		Specify:	BLACK		
15. OECEDENT'S EDU	ICATION		DECEDENT'S				_	16b. KIND OF BUS	SINESS/INDU		LACK		
(Specify only highest grade	College (1-4 or 5+		(Give kind of a life. Do NOT us	vork done du le retired.)	ring most	of working							
12TH GRADE	NONE		JSTOD1	AN				COUNTY	GOVE	RNMENT			
17. FATHER'S NAME (First, Middle, Last)					9	IS. MOTHER'S	S NAM	E (First, Middle, Malden					
SAMUEL POSEY					I	HELEN	DE	NT POSEY					
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (_	ute Number, City or Tow	n, State, Zip	Code)			
KERRY POSEY	3.66	H	30X #6	O NAN	NJEMO	DY, MA	RYI	LAND 2066	52				
20e. METHOD OF DISPOSITION 1		20b.PLAC	E AND OATE	OF DISPOSIT	ION (Name	of				ity or Town,	Stata		
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE U		MT .	TOPE "E	APTIS	ST CH	HURCH		8/6/92 NA	ANJEMO	Y. MA	RYLAND		
23. PART I. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Hear	Caused the consecutive on each life on each life on as a consecutive on as a consecutive on as a consecutive on as a consecutive on as a consecutive on as a consecutive on as a consecutive on as a consecutive on as a consecutive on as a consecutive on as a consecutive on as a consecutive on as a consecutive on as a consecutive on as a consecutive on a consecutive on as a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consecutive on a consec	EQUENCE OF	AB WOUI		of dying,	such	aa cardiec or reapi	ratory arre	at,	Approximate Interval Bets Onast and D		
PART II. Other algnificant condition	na contributing to	death but not	reaulting	n the und	erlying	cause giver	n in Pr	art I. 24a. WAS AN PERFOR	MED?	COL	RE AUTOPSY FIND ILABLE PRIOR TO IPLETION OF CAU DEATH? YES 2 NO		
B. Comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of						E OF DEATH	(Checi	k only one)					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL.			OTHER:	na Nama	S Rasider	nca 🖏	Other (Specify)	Rt. 42	25			
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TO BE COMPLETED BY FUNERAL DIRECTOR

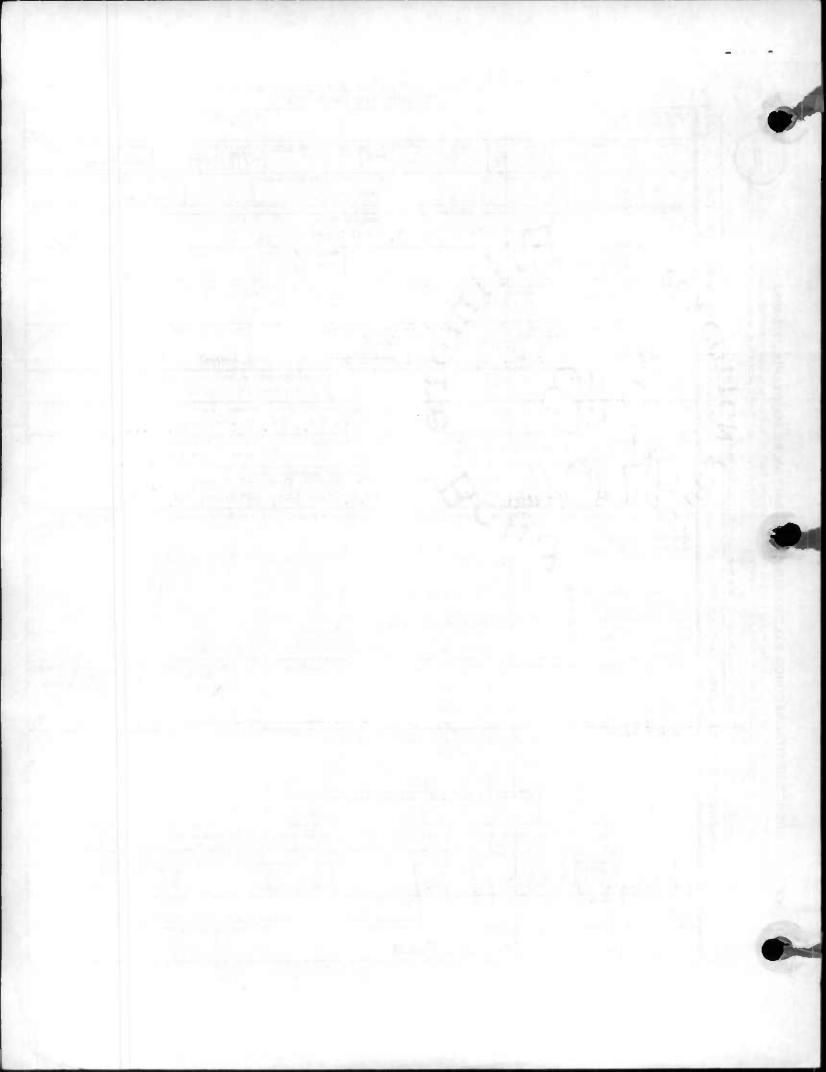
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 she filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Second Security Number Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Sec	2-4337-017 FOR STATE	ITEMS:	23 PART I STATE OF N	,27,28d MARYLAN	D / DEPAR	RTMENT	OF H	IEALTH .	AND	MENTA	L HYGIEN	92 IE	2	2985	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . The Hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the personal management of the funeral director, page 5 should be detached for use as the burial-transit permit. Page has not shown about of Health and Mallin House, the find within 72 hours after death with the State Devi of Health and Mallin House, the find within 72 hours after death with the State Devi of Health and Mallin House, the find within 72 hours after death with the State Devi of Health and Mallin House, the find within 72 hours after death with the State Devi of Health and Mallin House, the find within 72 hours after death with the State Devi of Health and Mallin House, the find within 72 hours after death with the State Devi of Health and Mallin House, the find within 72 hours after death with the State Devi of Health and Mallin House, the find within 72 hours after death with the State Devi of Health and Mallin House, the find within 72 hours after death with the State Devi of Health and Mallin House, the find within 72 hours after death with the State Devi of Health and Mallin House, the find within 72 hours after death with the State Devi of Health and Mallin House, the find within 72 hours after death with the State Devi of Health and Mallin House, the find within 12 hours after death with the State Devi of Health and Mallin House, the State Devi of Health and Mallin House, the State Devi of Health and Mallin House, the State Devi of Health and House, the State Devi of Health and House, the State Devi of Health and House, the State Devi of Health and House, the State Devi of Health and House, the State Devi of Health and House, the State Devi of Health and House, the State Devi of Health and House, the House House, the Health and House House, the House House, the House House, the House House, the House House, the House House House, the House House, the House House, the House House House, the House House House, the House House House, the House House House House House House House House House House House House House House House H	IMPORTANT; If item 28 is marked, or item 23 shows any injury, are the transmitter event, the medical examiner must be notified at once.
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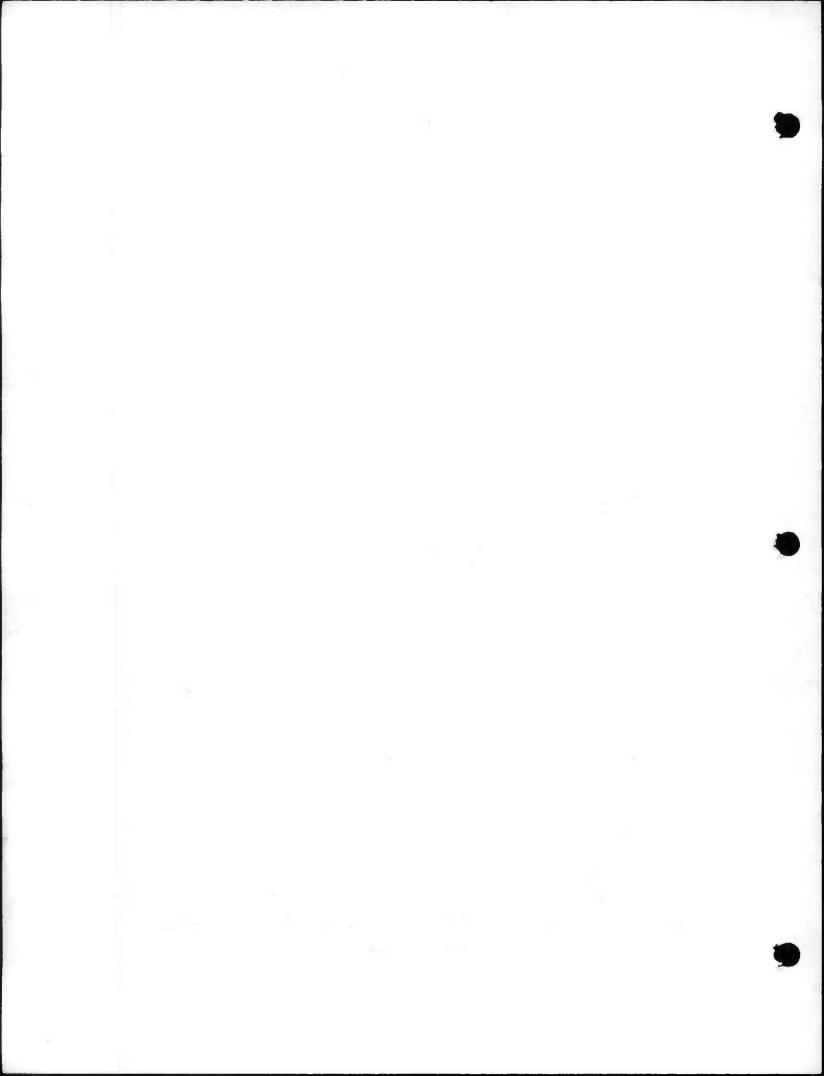
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	OWNE OF MINIST		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE REG. N				
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11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DECENDENT OF NISPA	NIC ORIGIN? (Specify	Yes or No- 14.	RACE — American Indian, Black, White, etc.		
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES		If yes, specify Cuben, Maxic 1 TYES 2 NO Speci			Specify:		
15. DECEDENT'S ED	NICATION	18a. DECEDENT'S USU	IAL OCCUPATION	THE KIND OF I	BUSINESS/INDUST	White		
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17. FATNER'S NAME (First, Middle, Last)				AME (First, Middle, Mald				
	Damerian	Parris	Carr	ie Vio	la M	I cL ea		
19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Rural	Route Number, City or	lown, State, Zip Co-	ole)		
Ellen R. Parr			ame as #10 N (Name of cometery, cremetory or		LOCATION — City			
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DIVISION OF VITAL RECOMES TO BE 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the management of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and The mean of the bear of the medical examiner must be notified at once. IMPORTANT: If item 28 is marked, or item 23 show's any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR		STATE OF M		D / DEPART					MENTA	L HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Helen Edw	ards								Jul	of DEATH DAY	19	92	6:40 a. M
Į	213-24-09	67	5. SEX	6. AGE (In yrs	s. last birthday) The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of		DAYS		194.	Mar	of BIRTH h, Day, Year) ch 3,	8. BIRTHPLACE (State or Foreign Country) MD		
TOR	9a. FACILITY NAME (# not ins Meridian	Nursi		er		9b. CITY, TOWN OR LOCATION OF DEATH Centreville Q.A					ATH			
DIRECTOR	10e. STATE MD	10b. COUNTY	ent		191	TOWN OR	LOCAT	TION				10d, INSIDE CITY LIMITS? 1 XYES 2 NO		
FUNERAL	Railroad					10f. ZIP CODE 21650				10g. CITIZ	USA	IAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES.					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerio Rican, etc.) 1 \(\triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle					White, etc.			
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COMPLET	11 17. FATHER'S NAME (First, Mix		la.		Homen	naker	<u> </u>	100000000			Middle, Maiden	Home Surname)	2	
TO BE	Joseph E 190. INFORMANT'S NAME (T) Richard	pe/Print)				ana.		and Number or i		loute Num	ing lber, City or Town	n, State, Zip	Code)	
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 4 Donation 5 Other	ACE OF DISPOS or place)	OSITION (Name of cemetery, crematory or 20c. LOC			CATION — City or Town, State								
	21, SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE T	eles	./.r	Fe	e11	ows I	ur	nera	1 Hom	es,	P.A	ton_MD216
	23. PART I. Enter the shock, or he immediate Cause (Fin disease or condition resulting in death)	sert fallure.	List only one cau	C V	e death. Do no line.	ot anter ti	ha mo	de of dying	suc	n ss car	diac or respi	ratory sm	est,	Approximate interval Batween Onset and Death
CERTIFICATION	Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injustrat initiated events resulting in death) LAS'	diate NG ry	с		NSEQUENCE OF									
PHYSICIAN: MEDICAL C	PART II. Other significa	nt condition	s contributing to	death but r	not resulting in	n the und	ertyin	g cause give	en in	Part I.	24a. WAS AN PERFOR 1 - YES 2	RMED? AVAILABLE PRIOR TO		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
SICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	ER/Outpatie	nt 3 DOA	OTHER:		LACE OF DEAT						
ВУ РНУ		Pending Investigation	28a. DATE OF (Month, D		28b. TiMi	E OF 2	WC	JURY AT ORK? YES 2 N	0	28d. DE	SCRIBE HOW I	NJURY OCC	CURED	
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)						ry, offic	÷0			CATION (Street a or Town, State)	and Number	or Rural Ro	oute Number,
COMPLETED	one) 2 MEDI	CAL EXAMINE										d due to th	e cause(a)	and manner as stated.
TO BE	29b. SIGNATURE AND TITLE	As	nun	0	STEAL OF CO.	(Profess)		29c. LICENS	E NUI	-	6	29d, DAT	SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF	Wharl	L UVO	M. S. S. S. S. S. S. S. S. S. S. S. S. S.	lun,A	ue i	<u>ا</u>	derigh	~	, 1	no 2	161	P	
5	JUL 1	3 '92	Ju gu	lia Davi	lson-Pano	lelle								

JUN MELMON 32. REGISTRAP'S SIGNATURE Julia Davidson-Randalle



hay be retained by the nospital or attending physician.	parties and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf permit. Pages 1, 2 should		st be notified at once.	
and the mount of mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the mount of the m	the production and completely filled in by the funeral dire	In House prior to burial, cremation, or removal.	, or other traumatic event, the medical examiner must be notified at once.	
	THE FUNERAL DIRECTOR: After this certificate has been signed by the	s filed within 72 hours after death with the State Dept. or Health and the	APORTANT: If Item 28 Is marked, or Item 23 shows day Injury	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLA	ND / DEPAI CERTIF	RTMENT OF I	IEALTH A	ND ME	NTAL HYGIEN		Frank	En Co J O J	
	1. DECEDENT'S NAME (First, Middle, Last)	terling	Samue	Poe	DA	F	1 2	DATE OF DEATH)°7	YEAR	3. TIME OF DEATH 5:52	
	4. SOCIAL SECURITY NUMBER 075-10-7937	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24	HRS. 7.	DATE OF BIRTH (Month, Day, Ybar)		Country	PLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c.									New York county of DEATH Prince George		
HOT:	Southern Maryland Hospital Clinton Prince George										- George	
IREC	10a. STATE 10b. COUNT			10c. CI	TY, TOWN OR LOCA	TION		10d, INSIDE CITY LIMITS?				
AL D	Maryland Char 100. STREET AND NUMBER		Welcome	. ZIP CODE	100 CITIZI	1 TYES 2 NO						
FUNERAL DIRECTOR	Rt 1 Box 1271 L			20693			U.		•			
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	J.S. ARMED 2 NO ES	If yes, sp	ecify Cuban, I	HISPANIC (Mexicen, P Specify:	ORIGIN? (Specify Ye- tuerto Rican, atc.)	or No-	Black, Specif	- American Indian, White, atc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	+)	Give kind of life. Do NOT u	B USUAL OCCUPATE work done during mo use retired.)	ON est of working		18b. KIND OF BU	& Cab	STRY		
OMP	17. FATHER'S NAME (First, Middle, Lest)			Dayer		18. MOTHER	R'S NAME	(First, Middle, Meiden		ITE		
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2	JOHN SAMUEL Poe Rennetta Bell											
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	21, SIGNATURE OF FUNERAL SERVICE LIC	C-Tet	12	De	Aleha P.O.	box 5	neral 67 La	l'Home, l a Plata,	Inc. MD 20	646		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and proximate interval Between Onset and Death or resulting in death) Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or):											
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPRIED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpati	ent 3 DOA	26. PL OTHER: 4 \subsection Nursing Hom	ACE OF DEAT						
B	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	28a. DATE OF (Month, D	INJURY ay, Year)	28b. TiM IN.	IE OF 28c. INJ	URY AT RK? 'ES 2 N	280	d. DESCRIBE HOW II J. LOCATION (Street a City or Town, State)			oute Number,	
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TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO		2			29c. HCENS	a NUMBER	1020	29d. DATE 5	SIGNED (Month, Day, Year)	
	31. DATE FILED (Month, Day, Year)	ULA	T.I	3	710 R	11/2	28	st -	(en	usl	LIHUD.	
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Jan 1945 - 17 To 1944

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1 - FOR STATE REGISTRAR	STATE OF I										
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF OEATH	DAV		3. TIME OF DEATH
Ernest		Re	Rodgers					08 01 1992			7:30 P. M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)			-		7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign
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3 Widowed & Divorced	IF YES, GIVE V	MAR OR DATES			1 YES	2 K) NO	Specify	r:		Specify	BLACK
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Elementary/Secondary (0-12)		+)	ilfe. Do NOT u	work done i ise retired.)	auring mo	ist of workir	ng				
12TH GRADE	NONE		UNKNOWN						UNKNOWN		
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ERNEST RODGERS			UNKNOWN								
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORES	S (Street a	and Number	r or Rural F	Route Number, City or To	wn, State, Z	ip Code)		
AUGUSTINE SMITH								S, MISSOU	RI 6	3136	
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29e. CERTIFIER (Check only one)	SICIAN: To the best of	f my knowledge	, death occur	red at the 1	Ilme, date	and place	, end due	to the cause(e) and m	enner as st	ated.	
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29c. LICENSE NUMBER

D-08370

M.D. 118 LaGrange Ave. P.O.Box1317 LaPlata, MD, 20646

Paul E. Pritchett.
31. DATE FILED (Month, Day, Year)
AUG 06 '92

Selia Tavidson-Randelle

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BALTIMORE, MARYLAND 21203-3146	remours after death. Page (may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after health with the State Dept. of Health and Mental Hybriens prior to burial, cremation, or removal.	ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-yours after death. Page may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune he find within 72 hours after healt with the State Dect. of Health and Mental Hydiene prior to burlal, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		0 1	,				9	2 22991
	FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND OF DEATH		GIENE G. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH	3. TIME OF DEATH D/
	Thelma RE	EA T	Ringer	-		MONTH	26 9	2 10:55 /
	4.5 225-07-9366		(in yrs. last birthda)) IF UNDER 1 YE		7. DATE OF BIF	TH 8.	BIRTHPLACE (State or Foreign
	217-07-9366	1 🗆 M 2 💢 F 💮	74 YRS.	MONTHS DA	YS HOURS MIN.	ON O		Virginia
	9a. FACILITY NAME (If not institution, give st	reet and number)		96. CITY, TO	WN OR LOCATION OF D	-	9c. COUNTY	
DIRECTOR	MANOKIN MANOR		PRINCESS ANNE				SOM	ERSET
E	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	10c, C	ITY, TOWN OR L	OCATION			10d. INSIDE CITY
띰	MD V	VICOMICO	SALISBURY					LIMITS?
	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
14 DEVONSHIRE DRIVE 21801								S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		DECENDENT OF HISPA		cify Yea or No- 14.	RACE — American Indian,
BY FI	1 Never Married 2 Married 3 WWildowed 4 Olvorced	FORCES? 1 TYES IF YES, GIVE WAR OR D			s, specify Cuban, Maxic YES 2 NO Speci		utc.)	Black, White, etc. Specify: WHITE
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT	'S USUAL OCCU	PATION og most of working	18b. KIND	OF BUSINESS/INDUST	ГРУ
5	Elementary/Secondary (0-12)	College (1-4 or 5+)		use retired.)	ig most of working			
릴	12		HOU	JSE WIF	E	DO	MESTIC	
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle,	Maiden Surname)	
BE C	ERNEST L. SMITH				BESSIE	(UN	K) MORR	IS
	19a, INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (St	reet and Number or Rural	Route Number, City	or Town, State, Zip Co.	de)
2	NORMAN L. RINGER		14 I	EVONSH	IRE DRIVE	SALISB	URY, MD	21801
	20s, METHOD OF DISPOSITION 1 A Burlel 2 Cremetton 3 Barnel	pust from State	b. PLACE OF DISF	OSITION (Name	of cemetery, cremetory or		20c. LOCATION — City	or Town, Stata
	4 Donation 5 Donat (Souch)) / E	REST LA	WN CEM	ETERY	7/30	NORFOLK,	VIRGINIA
	21. SIGNATURE OF FUNERAL SERVICE UN	Engliss /	11		ME AND ADDRESS OF F		OME	
1 1	1/1/No	011.0			OLLOWAY FU 1 SNOW HIL			MD 21801
	23. PART I. Enter the diseases, or o	epmplications Wat cause	d the deeth. Do	not enter the	mode of dylng, su	ch es cerdiec o	r reepiratory strest	
	shock, or heert fellure.	List only one ceuse on e	ech line.					Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition		81	1	- who			Oliset sild Death
	resulting in deeth)	B DUE TO (OR AS	A CONSEQUENCE	OF):	- my vinc	CO.		<u> </u>
1.		E.	c-1	1.0.1	10 260 1	IL D.	1.01	
CERTIFICATION	Sequentially list conditions, If env, leading to immediate	b. DUE TO (OR AS	A CONSEQUENCE	OF):	12010	, , ,	3,000	
¥	ceuse. Enter UNDERLYING	21	KL	note:	d athri	1:		
표	CAUSE (Diseese or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):				
臣	resulting in deeth) LAST	d.						
5	DATE II ON A LIST AND A STATE							1
¥	PART II. Other significent condition	s contributing to death	but not resultin	g in the under	riying ceuse given li	n Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă						1 🗆	YES 2 NO	OF DEATH?
MEDICAL								1 TYES 2 THO
ż								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	26. PLACE OF DEATH (C	theck only one)		
SI	1 U YES 2 WNO	1 Inpatient 2 ER/Out	petient 3 - DOA	OTHER:	Homa 5 - Residence	6 Other (Spec	clfy)	
표	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. 1	IME OF 28	c. INJURY AT WORK?	28d. DESCRIBE	HOW INJURY OCCUP	RED
1 Netural 5 Pending M 1 YES 2 NO Accident Investigation								
3 Suicide 8 Could not be detarmined 25. PLACE OF INJUSY — At norms, farm, street, factory, office building, atc. (Specify) 251. LOCATION (Street and Number or Paral Ric City or Town, State)								Rural Route Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my know	uladea dth :	amend at the str	data and alexander to	a to the mountain		
MP	one)							ause(s) and menner as stated.
8				, at my opin				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NI		29d. DATE S	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	well MD	FATURETA AT T	0-1-0		15031		7-27-42
1 - 1	JU. HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EAID (HÉM 27) (7)	rpe, Print)				

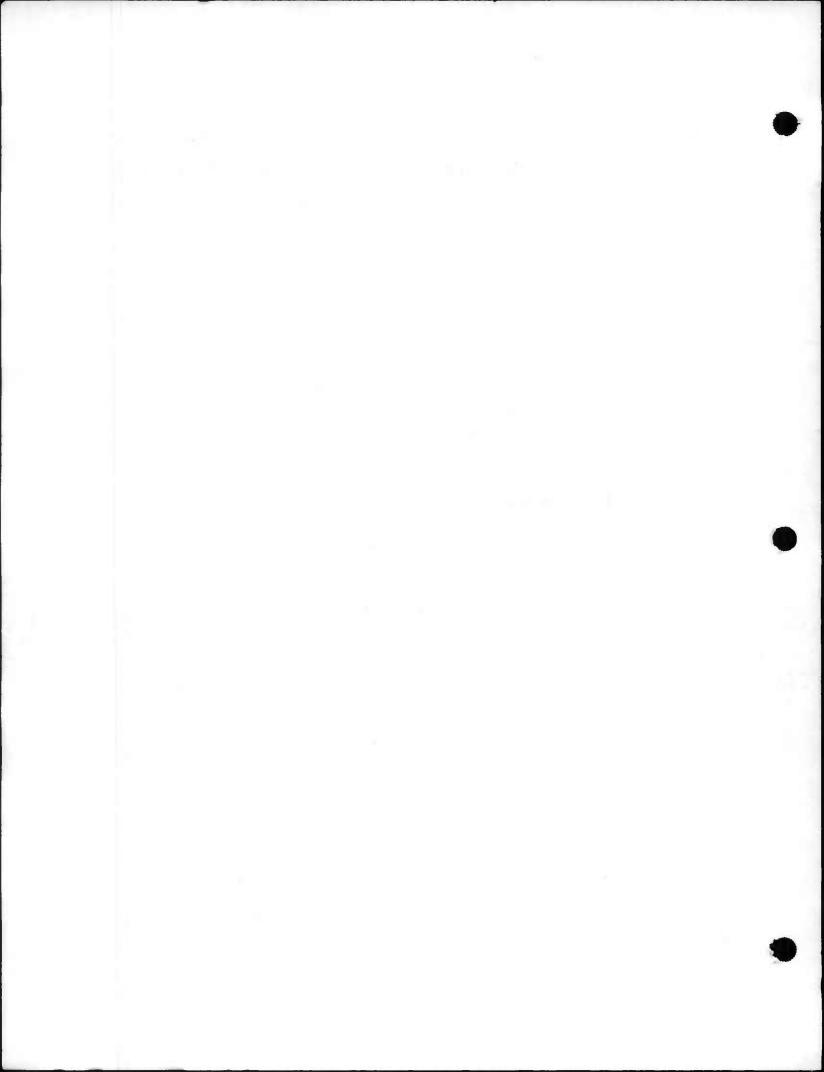
no Minstin 32. REGISTRAR'S SIGNATURE hie Day'dson-fandales

31. DATE FILED (Month, Day, Year)

JUL 28 1992

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MD



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ed to use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the tuneral director, page 5 should be eithed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART			MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) Hazel	LaRue Ray	/er			2. DATE OF DEATH MONTH		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5	6. AG	E (In yrs. lest birthday) 86 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 7/16/1	906	BIRTHPLACE (State or Foreign Country) Maryland			
TOR	Carroll County	1 Geh	Yosp.		stminst						
DIRECTOR	10a. STATE 10b. COUNTY	rroll	10c. CITY,	TOWN OR LOCAT	Upper	co		10d. INSIDE CITY LIMITS? 1 YES 2X NO			
FUNERAL	100. STREET AND NUMBER 1400 Emory Chui	cch Road		101	ZIP CODE	1155	10g. CITIZEN OF WHAT COUNTRY? USA				
BY		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES			ENDENT OF NISPAP Incity Cuban, Mexica 2X NO Specify	NIC ORIGIN? (Specify Yer in, Puerto Rican, etc.)					
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade core Elementary/Secondary (0-12) 11 yrs.	TON mpleted) College (1-4 or 5+)	DN st of working	16b. KIND OF BU	SINESS/INDUS						
	17. FATNER'S NAME (First, Middle, Lest) Thomas W. Albai					ME (First, Middle, Melden • Alban	Surname)				
TO BE	19a. INFORMANT'S NAME (Type/Print) Janice LaRue Rave				nd Number or Rural I	Route Number, City or Tow					
	20a, METHOD OF DISPOSITION 20a METHOD OF DISPOSITION 3 Burlal 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	T,	me al	Road, Upperco, Md. 21155 DATE 20c. LOCATION — City or Town, State							
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN		emetery, crematory or athe Emory Cem	etery	D ADDRESS OF FA			Maryland			
	> Steven h	1. Elin	e	934 S	. Main S			d, Md. 21074			
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition	t only one cause on	each line.					Approximata interval Between Onset and Death			
	disease or condition resulting in death) a. UPPer Castro intestinal 6/eech DUE TO (OR AS A CONSEQUENCE OF): Peptic Ulcer of; sees DUE TO (OR AS A CONSEQUENCE OF):										
ATION											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST C. CITT hosi's of liver DUE TO (OR AS A CONSEQUENCE OF):										
AL	Aspiration	Prec	but not resulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
N: M	1 oct mg	30.61	WELL WRITE	1.00.				1 TES 2 NO			
SICIA		OSPITAL:		THER:	ACE OF DEATN (Ch	Other (Specify)					
BY PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b, TIME (OF 28c. INJU		28d. DESCRIBE NOW I	NJURY OCCUR	ED			
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJUI building, atc. (S)	RY — At home, farm, stre	et, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: (suse(a) and menner as stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	4 ms	House Phy		29c. LICENSE NUN	IBER	29d. DATE SI	GNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO C			ine)	72/:						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SK	MATURE MATURIAL								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Items: 4,10,12 per F.H. G-691 9/2/92 reb Items: 23 part 1,27 per MEO G-690 8/21/92 STATE OF MARYLAND / DEPARTMENT OF

MARYLAND / D	EPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI
CEI	RTIFICATE	OI	F DEAT	H		REG NO

1. DECEDENT'S NAME (First, Middle, Last		0211111		DEATH	H	EG. NO.			
	0				2. DATE OF D	EATH DAY	3.	TIME OF DEA	TH
EARL			SHEBI	E JR.	08	03 1	992 7	:20	P
4. SOCIAL SECURITY NUMBER 1590		SE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, Day	IRTH		ACE (State or F	ioreign
308-24-1543		6 YRS.			13-1	1.1931	PA	t .	
CARROLL COUNTY GE	Description of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of	TAL	WESTMI	NSTER	HTAB		ROLL C	OUNTY	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY	40a CI7	Y, TOWN OR LOCA	FIGN					
000	122011		Jestm					d. INSIDE CIT LIMITS?	
10e. STREET AND NUMBER	1			. ZIP CODE		10g. CITI		T COUNTRY?	(NO
1212 P1	uch V	aller To	d	2115	8		US.	A	
11. MARITAL STATUS 1 Never Married 2 Married		ES 2 NO	If yes, sp	ENDENT OF HISP ecity Grban, Mexic	an, Puerto Rican	ectly Yes or No-	14. RACE — Black, W	American Ind	lan,
3 Widowed 4 Divorced	1953-1957	DATES	1 🗌 YES	2 NO Spec	lfy:		Specify:	whit	
15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DECEDENT'S	USUAL OCCUPATE work done during me	ON of working	16b. KINI	OF BUSINESS/IND	USTRY	11(1	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	se retired.)				/		
17. FATHER'S NAME (First, Middle, Lest)	7.	1 1010	RESTE		AME /First Adiobale	Maiden Surname)	124		_
	He BLE	.50		An	i M	ORAN!			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rura	Floute Number, C	ty or Town, State, Zip	Code)		
Jan	SHEBIE	. 1	212 1	ich V	ollen 7	I We	stmil	e MD	2019
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Re-		20b. PLACE AND DATE	ther placel		DATE	20c. LOCATION —	City or Town,	State	
4 Donation 5 Other (Specify)	JCENSEE	Carpoll	CRIMATY.	O U	85-92	Hamp	Steal		
De A D	11_			2 00556	Red				
23. PART I. Enter the diseases, or	complications that cause	sed the death. Do	not enter the mo		Min.	MD.	n m4	Approxim	note.
iMMEDIATE CAUSE (Final disease or condition resulting in death)		IAL SEPTICE S A CONSEQUENCE O						Interval E Onset an	
Sequentially list conditions, if any, leading to immediate	bDUE TO (OR A/	S A CONSEQUENCE O	F):						
cause. Entar UNDERLYING CAUSE (Disease or Injury	c								
that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE O	F):						
	d								
PART II. Other algnificant condition	ins contributing to deeth	but not resulting	In the underlyin	g cause given in	Part I. 24a.	WAS AN AUTOPSY PERFORMED?		RE AUTOPSY F	
					1)8	YES 2 NO	CO	MPLETION OF DEATH?	
					_		1)	YES 2	NO
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C	back only one)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	HOSPITAL:	utpatient 3 DOA	OTHER:	ACE OF DEATH (C		c/hzl	1		_
EXAMINER? 1 TYPES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 X ER/O	Y 28b. TIM	OTHER: 4 Nursing Horr	e 5 🗆 Residence	8 Other (Spe	city) E HOW INJURY OCC	URED		
EXAMINER?	1 Inpetient 2 In ER/Or 28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIM	OTHER: 4 Nursing Hom E OF URY WO 1 1	e 5 Residence URY AT RK? /ES 2 NO	8 Other (Spe		URED		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be described be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or term 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 212

anuit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

- 0	FOR 1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)	Martha Dool			2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 228-58-8305 9e. FACILITY NAME (If not institution, give	5. SEX 6. AGE	(In yrs. lest birthday) IF UI 3 4 YRS. MONT	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 8-19-1	907 1	BIRTHPLACE (State or Foreign Country) [aryland
TOR	Anne Arundel	· ·		Annapol		Anne	Arundel
DIRECTOR	10e. STATE 10b. COUNT	ne Arundel	10c. CITY, TOV	Annapoli	s		10d. INSIDE CITY LIMITS? 1 TYES 2 NO
FUNERAL	10e. STREET AND NUMBER 2616 Po	int Lookout	Cove	101. ZIP CODE 2140			OF WHAT COUNTRY?
À	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	\$\DNO	13. WAS DECENDENT OF HISPA If yea, specify Cuban, Maxic 1 TYES 2 NO Specify No.	can, Puarto Rican, etc.)	fee or No— 14	RACE — American Indian, Black, White, etc. Specify: Thite
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		Iffe. Do NOT use retin	ne during most of working d.)		USINESS/INDUS	
COMP	17. FATHER'S NAME (First, Middle, Last) Hugh Edwi	ard Dooley	Accounts		S Ci AME (First, Middle, Meidd ary Ann		
IO BE	19a. INFORMANT'S NAME (Type/Print) William E. Sh:			ESS (Street and Number or Rural	I Route Number, City or To	own, State, Zip Co	
	20e. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	novel from State	b. PLACE AND DATE OF DIS		DATE 20c. 1	LOCATION — City	or Town, Stata
	21. SIGNATURE OF PUNERAL SERVICE L		1	aylor Fune		el Ann	apolis, Md.
CENTIFICATION	23. PART i. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. Management of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	A CONSEDUENCE OF):	mult for an			, Approximate intervel Between Onset and Death
THEORY MEDICAL O	PART ii. Other significent condition	na contributing to death b	out not resulting in the	underlying cause given in		ORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТІ	28. PLACE OF DEATH (C	theck only one)		
2111	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	1 Inputient 2 ER/Outs 28s. DATE OF INJURY (Month, Day, Year)		Nursing Nome 5 Residence 28c. INJURY AT WORK?	6 Other (Specify) 28d. OESCRIBE NDW	V INJURY OCCUR	EO
200	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE DF INJURY building, stc. (Spe	Y — At home, farm, street, cify)	1 YES 2 ND	281. LOCATION (Street City or Yourn, State	ot and Number or i	Rural Route Number,
COMPLEETED				ne lime, data and place, and du ny opinion, death occured at th			ause(a) and manner as stated.
IO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	D MA		29c. LICENSE NU			GNED (Month, Day, Year)
- 1	-		,			1	

way a second of the

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1. DECEDENT'S NAME (First, Middle, Lest)				IOAII	_ 01	DLA		2. DATE OF	DEATH		12	. TIME OF DEATH
	DO	NALD LES	TER SWEE	TMAN					MONTH	4 19		YEAR	3:55 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF I	HRTH	72	8. BIRTHPI	ACE (State or Foreign
	063-26-5018 9s. FACILITY NAME (If not institution, give s	1 → M 2 □ F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	SEP 1			Country)	CHINA
œ		mary sunt.			9b. CITY	, TOWN	OR LOCATI	ON OF DE	EATH		9c. COU	NTY OF DEA	TH
DIRECTOR	NATIONAL NAVAL	MEDICAL	CENTER			BET	HESD	<u>A</u>			Me	ONTGO	MERY
<u> </u>	10s. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCA	TION					1	Od. INSIDE CITY
	MARYLAND ANN 100. STREET AND NUMBER	E ARUNDE	L		0	DENT							LIMITS?
FUNERAL	106. STHEET AND NUMBER					10	f. ZIP COD	E			10g. CITI	ZEN OF WH	AT COUNTRY?
		LCREST R						211					STATES
	11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	T EVER IN U.S. AF			If yes, sp	ecify Cubs	n, Maxica	NIC ORIGIN? (S in, Puerto Ricai	pecify Year, etc.)	or No-	14. RACE - Block, 1	- American Indian, Whita, etc.
B	3 Widowed 4 Divorced	1,11	- 1969			1 🗍 YES	2 NO	Specify	y:			Specify:	WHITE
	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S					16b, KIN	D OF BUS	SINESS/INC	DUSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Uhn	No NOT u	work done se retired.)	during mo	st of world	ng					
Ę	12	5+		I S	ARM	V			_ D	EFEN	CF		
5	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Middl				
BE	H. RAY SWEE	TMAN						AN	NA WAN	NER			
0	19a. INFORMANT'S NAME (Type/Print)		19						Route Number, (Code)	
-	ELEANOR B. SWEETM	AN		1211	HIL	LCRE	ST R	OAD,	ODENT	ON,	MD :	21113	
	20a, METHOD OF DISPOSITION	oval from State	20b. PLACE				me of		DATE	20c. LO	CATION —	City or Town	n, Stata
	1 Buriel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)		Cemetery, cre				,		1	Bal	time	ore,	MD
- 1	21. BIOMATURE OF EUNERAL SERVICE LIC	CENSEE //					ND ADDRE			II		D 7	
	Dall H	104	-						neral				ls, MD
	23. PART I. Enter the diseases, or a hock, or heart fellure. IMMEDIATE CAUSE (Final	complications the List only one cer	et caused the de use on each line	eath. Do	not enter	the mo	de of dy	ing, auci	h as cardiac	or reapi	ratory arr	reat,	Approximate Interval Batween Onset and Death
	disease or condition	CEI	א מודיו	A C OTT	r A D	COT	D EDATED						Onset and Daath
	resulting in death)		COR AS A CONSE			ACCT.	DENT						
z		h.											I
2	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):					-			1
5	CAUSE (Disease or Injury	C											
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	DUENCE O	F):								
Ę I		d											
	PART II. Other aignificant condition	na contributing to	death but not r	reaulting	in the ur	deriyin	g cause (given in	Part I. 24		AUTOPSY		ERE AUTOPSY FINDINGS
EDICAL									10	PERFOR		C	WAILABLE PRIOR TO OMPLETION OF CAUSE
									''	169 2	X NO		F DEATH?
3													_ res z _ no
Ž	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Ch	eck only one)				
2	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Nur			aldence	6 Other (Sp	eo/Ad			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT		28d. DESCRI		NJURY OCC	CURED	
	1 Natural 5 Pending	(Month, L	Pay, Year)	IN.	JURY M		PRK? YES 2	NO					
10	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE (F INJURY — At ho	me, farm,	atreet, faci	ory, offic	•		26f. LOCATIO	N (Street a	nd Number	or Rural Rou	ite Number,
ű	4 Homicide determined	building	etc. (Specify)						City or To	wn, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat or	my knowledge de	eth oneum	and at the t	less dete	and place	and duty					
1	(Check only one) 2 MEDICAL EXAMINE												nd manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIES									prese, em			
N D	EM 1	1)	14.7				ZWC. LICI	ENSE NUN	#BEH		29d. DAT	SIGNED (N	logith, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	SE OF DEATH (ITE	M 27) (Turns	Print)		MAT	TONA	L NAVA	ME	DICA	יואיפיי	עיזין
				= 1 , (1ypo	, , , , , , , , , , , , , , , , , , , ,				A, MD				LEK
	E. M. SUPINSKI 31. DATE FILED (Month, Day, Year)	32 REGISTR	USNR AR'S SIGNATURE				DE L	TEOD.	is rib	2000	7-500	00	
	AUG 0 6 1992 4	the day down	Marker										

by the hospital or attending physician.

MARY AND 21215-0020

BALTIMORE,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnal director page filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remains important if item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical assuminar must be DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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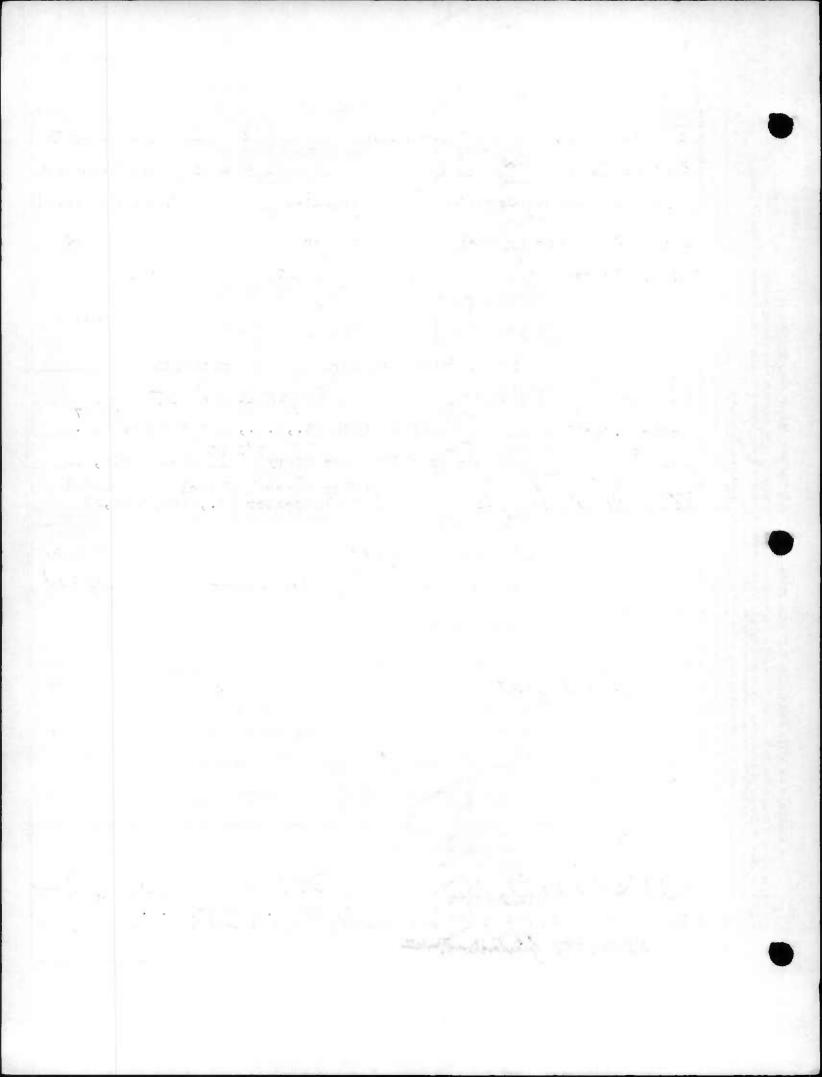
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X-rours after death. Page 5 may be presented by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	TH		REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MA		ENT OF HEALTH AND	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle	, Last)	Sandis		2. DATE OF OEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 258-56-36 9a. FACILITY NAME (If not institution	8) 1 🗆 M 2 💢 F	90 YRS. MON	INDER 1 YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF C	7. DATE OF BIRTH (Month, Dey, Year) 5/10/62	0.	BIRTHPLACE (State or Foreign Country) Witman Ga
Pleasant L RESIDENCE OF DECEDE	Wing Coni	le le sount	EdgeWater WN OR LOCATION	EAIN		10d. INSIDE CITY
	Anne Arund	el E	dgewater 101. ZIP CODE		10g. CITIZEN	1 TES 2 NO
10. STREET AND NUMBER 144 Washingt 11. MARITAL STATUS 1 Never Married 2 Merrie 3 Midowed 4 Divorced	12. WAS DECEDENT E	YES 2 NO	210 37 13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 CNO Speci	nn, Puerto Rican, etc.)	ns or No.— 14.	RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	"S EDUCATION at grade completed) College (1-4 or 5+)	iffe. Do NOT use ret	done during most of working red.)	16b. KIND OF BU	ISINESS/INOUS	white
17. FATHER'S NAME (First, Middle, L	-	Homen	18. MOTHER'S N.	AME (First, Middle, Majder	Sumame)	
charles 1	Tillma		Euge	nie li	llot	
198. INFORMANT'S NAME (Typor-Tit		196. MAILING ADD	RESS (Street and Number of Rural 28th St., N	THE RESERVE OF THE PERSON NAMED IN		20007 on, D.C.
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITIO	N (Name of cometery, cremetory or	4 4 200 14	DCATION - City	
1 Burial 2 Cremation 3 4 Donation 5 Other (Specif		other place)	an Cremator	y8/3/92	Alexar	ndria, VA
21, SIGNATURE OF FUNERAL SERV	Leg 14		22. NAME AND ADDRESS OF F Taylor Fune 147 Glouces	ral Chap	el	21401
23. PART I. Enter the disease shock, or heart for immediate CAUSE (Final disease or condition resulting in death)	allure. List only one cause	on each line. TAL AMUY A SA CONSEQUENCE OF):	enter the mode of dying, su	ch as cardiac or resp	piratory arrest	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		AS A CONSEQUENCE OF:	Separon			yrs
that initiated events resulting in death) LAST	d	AS A CONSECUENCE OF):				
PART II. Other significant co	nditiona contributing to de	ath but not resulting in ti	na underlying cause given li		PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MED	1041					
EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C THER: Nursing Home 5 Residence			
27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,	JURY 28b. TIME OF		28d. DESCRIBE HOW	INJURY OCCUP	RED
1 Natural 5 Pendir 2 Accident Investi	gation		M 1 YES 2 NO			
2 Gudalda Co	Duliding, etc	NJURY — Az home, farm, stree L (Specify)	t, factory, office	28f. LOCATION (Street City or Town, State	t end Number or e)	Rural Route Number,
0001			the time, date and place, and du my opinion, death occured at th			euse(s) and menner as stated.
296/ SIGNATURE AND TITLE OF CI	how the V	N.D.	DO 10	MBER 30	29d. DATE 8	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERS	SON WHO COMPLETED/CAUSE	OF DEATH (ITEM 27) (Type, Pris		01	M.D.	
31. DATE FILED (Month, Day, Year) AUG 0 4	1992	SHOMATURE COMPARED	THU UTPOND	IN ZITU		



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BALTIMORE, MARYLAND 21215-00	or afte	or use	
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IAR	tained	Should	tiffed
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IOR	в 6 та	ector, p	must
TIN.	h. Pag	eral dir	niner
BAL	ter deat	the fun	exa l
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VIT.	AN: TA	tificate State	r Hen
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DING P	After t	s mar
VISI	ATTEN	ECTOR:	1 28 1
0	AL OR	AL DIRI	II Item
	HOSPIT	FUNERA	ANT
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the find within 72 hours after charth with the State Dear, of Health and Mental Hybride prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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nit. Pages 1, 2, 3 should

21215-00

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIFI	TMENT	OF H	EALTH	AND I	MENTA	L HYGIEN			
	DECEDENT'S NAME (First, Middle, Lest) WILLIAM A SOCIAL SECURITY NUMBER		SCHO	ENFE	LD				Ju	OF DEATH D	AV 199	YEAR 9 2	. TIME OF DEATH
	579-52-5423 9a. FACILITY NAME (If not institution, give a	5. SEX 1 M 2 F	6. AGE (In yrs. les	YRS.	MONTHS 9b. CITY,	DAYS	HOURS	MIN.	(Mont	of BIRTH h, Day, Year)	919	Country)	York
DIRECTOR	1004 St. Marga RESIDENCE OF DECEDENT 100. STATE 100. COUNTY		ive				napo	lis			Anı		rundel
		ne Arun	del	10c. CITY	Ann	apo	lis				100 CITIZ	1	Od. INSIDE CITY LIMITS? YES 2 NO AT COUNTRY?
FUNERAL	1004 St. Marg						214	-			ι	L.S.	A
B⊀	1 Never Married 2 Married 3 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	AR OR DATES	12	1	yes, spe	2 X NO	n, Mexica	n, Puerto y:	f? (Specify Yer Rican, etc.)		Specify: Whi	- American Indian, White, etc. te
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Cotlege (1-4 or 8 +	(G	CEDENT'S live kind of w Do NOT us	vork done du retired.)	iring mo:	DN st of worldi	ng	166	KIND OF BU	siness/indu		
	17. FATHER'S NAME (First, Middle, Last) William A. Scl	\angle and all	a a		1200					Middle, Maiden	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Vira Patton Se		190				nd Number	or Rural	Route Num	ber City or Tow	n, State, Zip	Code)	21401
	20a. METHOD OF DISPOSITION 1		20b. PLACE	AND DATE O	F DISPOSIT	ION (Na	me of	7/3	1/843	E 20c. LO	cation = c	ity or Town	ı, Stete
	21. SIGNATURE OF PUNERAL SERVICE LIC	Service Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contra	for	/	22. N. T a	ylo	r F	une	ral	Chape	el	2140	01
	23. PART I. Enter the diseases, or cashock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that List only one cau	t caused the de se on each line the	nath. Do n	ot enter t	ll mo	de of dy	ing, suc	h ss cere	flec or resp	Iratory srre	st,	Approximats Interval Between Onset and Daeth
NO	Sequentially list conditions,	ade	OR AS A CONSECUTION	- AH	aen	1	nsi	ffe	au	rey			iys.
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhilated events resulting in death) LAST	c	(OR AS A CONSEC				/	1					
- 1		d	donth but not -	andala a l					I				
PHYSICIAN: MEDICAL	Portite a	s contributing to	destri but not i	esulang ii	in the und	enying	couse (given in		24a, WAS AN PERFOR 1 YES 2	RMED?	A C	WALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;			OTHER:		ACE OF D	EATH (Ch	eck only or	10)			
PHYS	1 VES 2 NO	28a. DATE OF	INJURY	28b. TIME	4 Nursi	ng Home		sidence		(Specify)	NJURY OCC	JRED	
ED BY	1 Matural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	26s. PLACE O	F INJURY — At ho		M	1 🗆 Y	ES 2 [NO NO		ATION (Street or Yown, State)		or Rural Rou	te Number,
COMPLETE	4 Homicide determined 29a. CERTIFIER (Check only)								to the cau	ise(s) and mai	nner as state		
BE CON	296. SIGNATURE AND TITLE OF CERTIFIER	R: On the beels of a	emination and/or I	Investigation	n, In my op	Inlon, de		ed at the		and pleca, an			forth, Day, Year)
TO	30. NAME AND ADDRIES OF PERSON WH	COMPLETED CAUS	SE OF DEATH (ITE	М 27) (Туре,	Print)	Ave	PI	400	63	li.	- /	15/	92
	31. DATE FILED (AUG. 044 199	2 32 EPISTRA	T'S SIGNATURE	della	7 1	14-6		/ /) N	000	115	ארוע,	214	0 /

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BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be immined for the hours.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page a should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at any
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ALTIN	death. Pag	s funeral di	examiner
8	hours after	ed in by the	medical
60,	within 24	npletely fill cremation.	vent, the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	be executed	ian and cor	aumatic e
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OFV	PHYSICIAN	this certifi	rked, or
ISION	TTENDING	STOR: After after death	28 is ma
DIV	YITAL OR A	RAL DIREC	: If Item
	THE HOSP	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT
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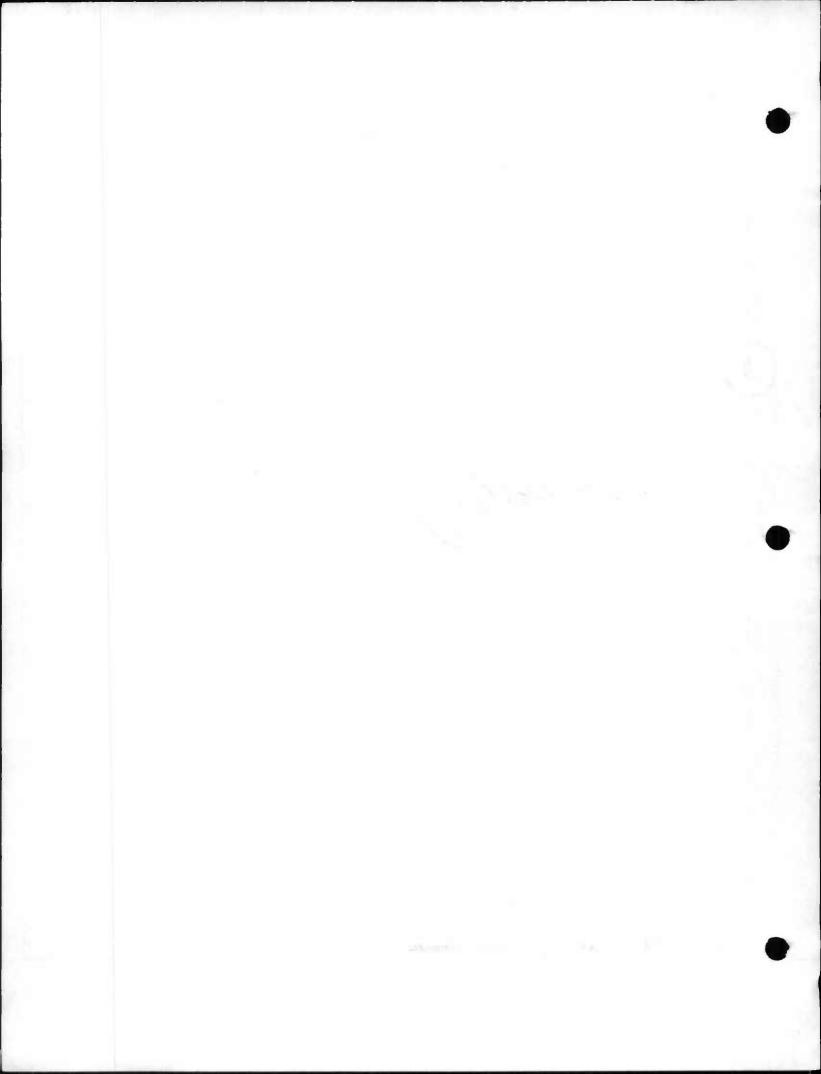
r attending physician. use as the burial-transit permit. Pages 1, 2, 3 should

21215-0020

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	AIE UF	DEATH	RE	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D		3	. TIME OF DEATH
	PAULINE	BAIR		SENS:	e.ric.	MONTH	DAY	YEAR	0 0 2 m
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B			6230 M
	211-24-6366	40.40.		NTHS DAYS	HOURS MIN.	/. DATE OF BI (Month, Day 06-28	Year)	Country)	ACE (State or Foreign SYLVANIA
œ	Sa. FACILITY NAME (If not institution, give at PENINSULA REGION.	met and number		SALIS	BURY			OMICO	
5	RESIDENCE OF DECEDENT								
E E	10a, STATE 10b, COUNTY	,	10c CITY T	OWN OR LOCAT	ION			Ta	Dd. INSIDE CITY
DIRECTOR	MD WICO	OMICO		ISBURY					LIMITS? X YES 2 NO
AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. C	TIZEN OF WHA	AT COUNTRY?
FUNERAL	1005 FAIRGROUND				21801		υ.	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Sp	ecify Yes or No-	14. RACE -	- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2 KNO Specify		, artis	Specify:	ITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	ON st of working	16b, KJN0	OF BUSINESS/II		ILLE
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOUSE WI			DC	MESTIC		
S .	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA				
BE C	ELMER (UNK)	BAIR				(UNK)	MARKLE		
	19a. INFORMANT'S NAME (Type/Print)		19b, MAJLING AD	DRESS (Street a	nd Number or Rural I	Poute Number, Ci	ty or Town, State,	Zip Code)	
2	KENNETH SENSENIO	7			DR SALI				
	20a. METHOD OF DISPOSITION 1 Burlel 2. Cremation 3 Remo		. PLACE AND DATE OF			DATE	20c. LOCATION -		Stete
	1 Buriel 2 Cremation 3 Remo	wal from State cen	SALISBURY			7/20	SALISBU		- In-contract the second
ĺ	21. BIGNATURE OF PURENAL SERVICE LIC	ENSEE /	7		OWAY FUN				
	Mon.	Hallo	Pan		NOW HILL			, MD	21801
	23 PART I. Enter the disesses, or o	omplications that cause	d the days. Do not	enter the mo	de of dying, auc	h aa cardiac	or reepiratory a	rreat,	Approximata
	MMEDIATE CAUSE (Finel	List only one ceuse on a	act fine						Interval Between Onset and Death
	disease or condition	aching	Y M	wan	int				Onest and Destin
T I	resulting in death)	DUE TO (OR AS /	A CONSEQUENCE OF):	W-1, 0					
z		0							İ
CERTIFICATION	Sequentially list conditions, if sny, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
FIC.	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE OF):						
Ē	that initiated events resulting in death) LAST	, and 10 (01/23)	CONSECUENCE OF);						į į
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EDICAL	PART II. Other aignificent condition		out not resulting in t	he underlying	cause given in	Part i. 24a.	WAS AN AUTOPS'		ERE AUTOPSY FINDINGS AILABLE PRIOR TO
8	merrin A	and som	ic, your	my or	July Um	10	YES 2 THO		OMPLETION OF CAUSE F DEATH?
ME	5/8 antie V+	we Replu	smit!						YES 2 NO
ż		, 0							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)			
S	1 TYES 2 NO	1 Impatient 2 ER/Outp		THER: Nursing Hom	e 5 🗆 Residence	8 Other (Spe	icity)		
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		URY AT RK?	28d. DESCRIB	E HOW INJURY O	CCURED	
BY	1 Netural 5 Pending investigation				rES 2 NO				
	3 Suicide 6 Could not be	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, stre	et, factory, office		281. LOCATION City or Tox	(Street and Numb	er or Rural Rou	te Number,
1	4 Homicide determined					Oily or ion	m, State)		
2	29a. CERTIFIER Check only	CIAN: To the best of my know	riedge, death occurred a	t the time, data	and place, and due	to the cause(a)	and menner as at	ated	
COMPLETED		R: On the basis of examination							nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM				onth, Day, Year)
BE	EOUX	2 Olmn			040	190	290, 10	7/18/	9 2
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)	1 7	,	7-	11-1	
,	Eddie Velazque	12010		y Me	1 cente	x 15,	oliche	1 XX	ME
7	31. DATE FILED (Month, Day, Year) 7 JUL 2 1 1992	Julia Davidson	Pandell					/ 1	



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	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. le		_	WART			08 / 05			10:25
	N. SOUNCE SESSION I HOME		1 ☐ M 2 🔯 F	o. AGE (IN YTS. IE	YRS.	MONTHS		HOURS 24	MIN.	7. DATE OF BIRTH (Month, Day, Yea	7)	6. BIRTHPL Country)	ACE (State or Foreig
	9a. FACILITY NAME (If not ins	stitution, give str	21			9b. CIT	2 Y. TOWN 0	OR LOCATION	OF DEAT	8/3/92		TY OF DEA	
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5	11. MARITAL STATUS	-	12. WAS DECEDENT	EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT OF	HISPANIC	ORIGIN? (Specify		ISA 14. RACE -	- American Indian, White, atc.
BYF	1 Never Married 2 1		FORCES? 1 [IF YES, GIVE WA	AR OR DATES	NO			ecify Cuban, 2 X NO		Puerto Ricen, etc.)	Bleck, \ Specify:	White, atc.
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COMPL	17. FATHER'S NAME (First, Mid	iddle, Last)						18. MOTHE	R'S NAME	(First, Middle, Me	iden Sumame)	-	
BE	JAMES	STEWAR	T					SH	ARON	KANE			
0	19a. INFORMANT'S NAME (Ty			.19	b. MAILING	ADORES	S (Street a	nd Number or	Rural Rou	ite Number, City or	Town, State, Zip C	Code)	
	SHARON K								E-BA	LTIMORE			
	1 Burial 2 Cremation 4 Donation 5 Other	n 3 🗆 Remo	val from State	20b. PLACE cemetery, cre	ematory or o	OF DISPO	SITION (Na)	me of			LOCATION — CI		, Stata
	21. SIGNATURE OF FUNERAL		NSEE	_L_JHF	I	22	NAME AN	ID AOORESS	OF FACIL	8/5/92	BALTO.	, MD	
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Till E. Dichols, Les JHH 600

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he executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

Medical and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial transit permit. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requirement of the presenced within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been eganed by the minimal process of the presence of the process of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the presence of the pres DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEAT						
	LINETTE CECILIA SAVOY			'OY			6. 1992 11:49 a		11:49 a M	
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	F UNDER 24 HRS 7 DATE OF BURTH		8. BIRTHPLACE (State or Foreign			
COMPLETED BY FUNERAL DIRECTOR	213-76-8187		32 YRS.	ONTHS DAYS	HOURS MM.	DEC 5, 1	959	MARY	LAND	
				9b. CITY, TOWN (OWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
	Doctors Community Hospital				Lanham			Prince George's		
				10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY			
	MARYLAND PRINCE GEORGE			TEMPLE HILLS			LIMITS? 1 🖾 YES 2 🗌 NO			
	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?	
	2233 ANVIL LANE			20748			UNITED STATES			
	11. MARITAL STATUS 1 ☐ Never Married 2 ★ X Married 12. WAS DECEDENT EVER IN U FORCES? 1 ☐ YES		N U.S. ARMED	2 NO If yes, specify Cuban, Maxie			n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.	
	3 Widowed 4 Divorced	ATES 21	1 TYES ZXXNO Specify:			Specify:				
	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION					BLACK 166. KIND OF BUSINESS/INDUSTRY				
	(Specify only highest grade completed) (Give kind of work Elementary/Secondary (0-12) College (1-4 or 5+) (Give kind of work iffe. Do NOT use rei			ork done during mo retired.)	one during most of working					
	12TH GRADE	2TH GRADE 4 YEARS PROGRAM ANALYS			Γ	PRIVATE				
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Maiden Surname)					
BE						OMAINE DELORSE HART SAVOY				
70	19a. INFORMANT'S NAME (Type/Print)	4 77 0 77				Route Number, City or To				
	ROMAINE D. HART S					ON, MARYLA		0640		
	20s. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation of Computation									
	21. SHOWARDER OF FUNERAL SERVICE LICINSEE 22. NAME AND ADDRESS OF FACILITY									
	THORNTON'S FUNERAL HOME, POMONKEY, MARYLAND									
			dah dan bara							
CERTIFICATION	shock, or heert failure. List only one couse on each line.								Approximate intervel Between	
	disease pr condition								Onset and Death	
	resulting in death) a. Sue 10 (OR AS A CONSEQUENCE OF):									
	- MIDALTON I LIUM									
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
E	that initiated events resulting in death) LAST									
AL										
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given									
	topus.					PERFORMED? AMALABLE PRIOR TO COMPLETION OF CAUSE				
Ä	DI ANIA							1 YES 2 NO		
ä	muita									
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HORPITAL: OTHER:									
BY PHYSICIAN: MEDIC	1 🖂 YES 2 🛅 NO	fringetient 2 [] EProut	petient 3 🗆 DOA	4 D Nursing Hom	e 5 🗆 Residence	8 (Cher (Specify)				
	27. MANNEUP OF DEATH 1 Maturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28h. TIME INJU	RY WO	RICT	294. DESCRIBE HOW	MUURY OCC	UREO		
	2 Accident Investigation	284 PLACE OF BUILDIN	M 1 YES 2							
	3 Suicide 6 Could not be 4 Highlighted determined	building, etc. (Spec	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				281. LOCATION (Street and Number or Flurel Route Number (3th or Bern, State)			
COMPLETED	29s. CENTURES									
MP	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
BE	290 SIGNATURE AND TITLE OF CERTIFIER						29d. DATE SIGNED (1997)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								112	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR SAIGNATURE Pandalle Full Day down									
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